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ABSTRACT

This report of the Advisory Committee on Child Development (National Research Council) documents the handicaps faced by a large proportion of American families in attempting to fulfill their children's basic needs. In light of its findings that existing government programs do not adequately meet these needs, the Committee recommended Federal development of a national policy for children and families, with essential components to include: (1) assurance of adequate income, (2) a broad and integrated system of support services, and (3) adequate access to such services. Committee recommendations are presented in detail for specific policies and programs dealing with: family economic resources; child and family health programs, with emphasis on primary care; a wide variety of child care resources; special services, including crisis aid; and effective delivery of services. Recommendations are offered for future research. Appended is an examination of research on the effects of day care on child development. (BF)

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Toward a National Policy for Children and Families

The National Research Council

National Academy of Sciences

PS 009029

Toward a National Policy for Children and Families

Advisory Committee on Child Development
Assembly of Behavioral and Social Sciences
National Research Council

NATIONAL ACADEMY OF SCIENCES
WASHINGTON, D.C. 1976

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This report has been reviewed by a group other than the authors according to procedures approved by a Report Review Committee consisting of members of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine.

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Preface

The Advisory Committee on Child Development was established in 1971 at the request of the Office of Child Development (OCD) of the U.S. Department of Health, Education, and Welfare. The Committee was charged with four tasks: (1) to review the combination of unmet needs of and the unrealized opportunities for child development up to age 8, (2) to develop the goals and essential features of an integrated national policy for child development, (3) to assess the implications of scientific knowledge for public policy, and (4) to make recommendations for new program initiatives both within OCD and in other federal agencies having responsibility for the development of children.

There was early agreement among members of the Committee on the state of current scientific knowledge about child development processes and on major principles that should guide practice deriving from this knowledge. The importance of adequate nutrition for development during infancy and childhood, the significant characteristics of relationships between the child and its caretakers, and the intellectual, social, and emotional inputs necessary for optimum development, for example, are all reasonably well understood.

What was less clear was how this knowledge might be used to enhance the development of millions of American children who grow up in circumstances that, by any definition or criterion, must be described as lacking in one or more of the essential elements of an adequate environment for normal, healthy development. The translation of scientific information into prescriptions for public policies turned out to be a formidable task indeed. It was a task that divided the Committee on essentially non-scientific issues and forced its members to exercise judgment about matters of politics and social philosophy and, finally, to reach conclusions that, in the last analysis, are not always fully supportable by scientific evidence.

The Committee might have avoided some of these issues by stating what is now known about child development and calling for further research, as so many groups before have done. It might also have chosen to ignore the impact of society on families and children and direct its recommendations solely to those who work in child development. Neither of these alternatives was acceptable to the Committee, despite the difficulties of attempting to come to grips with the larger issues before it. This report, therefore, is broad in its scope and at times goes beyond the expertise of Committee members in addressing complex issues involving the role and functions of government in a democratic society.

In general, the issues that proved to be most difficult for the Committee are those that have plagued policy makers and social scientists alike wherever government is viewed as having a responsibility to improve the living conditions of its citizens. How can we improve services to those in need without infringing on individual initiative, rights, and freedoms? How do we solve problems that have multiple causes and multiple consequences in a society that places high values on pluralism, local initiative, and a high degree of specialization? What rational means can be found to establish priorities for government interventions in a world of scarce resources and competing claims on them?

The perspectives brought to bear on these issues by members of the Committee differed greatly. Beyond a shared commitment to the goal of finding ways of meeting the needs of children and families, there were few areas in which there was full agreement on the most appropriate and effective means of accomplishing the goal or on the merits of one approach versus another. The result of the Committee's deliberations is a report that still reflects some differences of view but is consistent in its overall thrust and sense of purpose. To the extent that it helps to focus attention on the problems of America's children and families and provides a useful context for continued debate on national policies, it will serve an important purpose.

David A. Goslin, *Executive Director*
Assembly of Behavioral and Social Sciences

Acknowledgments

It would be impossible to adequately thank all of the men and women who assisted and supported the work of the Advisory Committee on Child Development during its 4-year effort. Many made indirect contributions through informal discussions, exchanges of letters, and telephone conversations as well as through their publications, most of which are listed in references. Wherever there may be omissions, they are inadvertent.

During the first 2 years of its existence, the Committee was chaired by Harold W. Stevenson. We are indebted to him for his patience, leadership, and significant substantive contributions to the Committee's work. Similarly, we wish to thank Henry David, then Executive Director of the Assembly of Behavioral and Social Sciences, for his efforts on behalf of the Committee.

Among others who made direct contributions as staff or experts in their field during the Committee's early work, we are indebted to Carolyn Abcock and Arlene Amidon, who served as research assistants to members of the Committee; Leslie H. Hicks, Felicity Skidmore, Janice Peterson, and Georgene Menk of the Committee's staff; Stephen S. Baratz and Barbara F. Meeker of the Assembly staff; and Artemis P. Simopoulos, Executive Secretary of the Division of Medical Sciences. Acknowledgments of the specific contributions of a number of other specialists on aspects of child development appear as footnotes to the text of the report.

Completion of the Committee's work and revisions of this report

would not have been possible without the devotion and hard work of Lester P. Silverman, Nancy Gordon, Ann Polvinale, Wendy Siniard, and Waldena Banks of the Assembly Staff. We also thank Arthur Lesser of the Committee on Pediatric Hospitalization Rates for his critical review of many drafts of the report and Joyce Brainard of Cornell University for her valuable assistance in the preparation of data for the report.

We are especially grateful to Eugenia Grohman, Christine Lintz McShane, and Sarah Streuli for their outstanding achievements in editing and coordinating successive revisions of this report.

Above all, we wish to express to David A. Goslin, the Executive Director of the Assembly of Behavioral and Social Sciences, our admiration, respect, and appreciation for his leadership and guidance in bringing the Committee's work to a successful conclusion.

Highlights

FINDINGS

Over the past 25 years, profound changes have occurred in American society, changes that have significant implications for the social institution bearing primary responsibility for the care and development of the nation's children—the family. Those changes include: large increases in the proportion of women who work, both full time and part time; growing numbers of children living in families headed by women; attitudes of women regarding their role in society; expansion and increasing specialization of the human service occupations; continued long-term trends toward urbanization and suburbanization; and greater availability and use of a growing number of birth control techniques as well as a decline in birth rates.

However, two features of American society have not changed: income inequality and discrimination based on race and ethnicity.

Families and Children

The effects of these changes on children and families are reflected in the data presented in this report:

- In 1975, more than one-half (52%) of married women with children aged 6–17 and almost two-fifths (37%) of those with children under

6 were either working or looking for work. Of those who had jobs, two-thirds were working full time. (Chapter 2)

- In 1974, there were 970,000 divorces or reported annulments involving roughly 1.2 million children. (Chapter 6)
- In 1975, more than one in every six children under 18 was living in a single-parent family, a percentage almost double that in 1950. (Chapter 2)
- In 1974, 15.5 percent of American children were living in families whose ability to rear children was severely crippled by incomes below the government-defined poverty line. (Chapter 2)
- Of the 3.2 million children in families with incomes of less than $5,000, 60 percent live in single-parent families. (Chapter 5)
- Both the degree and the rate of family disruption increase with the degree of economic deprivation and urbanization, reaching their maximums among low-income families living in central cities. (Chapter 2)
- Although labor force participation for women and the incidence of single parenthood are substantially greater for non-whites than for whites, families in similar economic and social circumstances show similar rates of change. The critical factor, therefore, does not appear to be race but the conditions under which a family lives. (Chapter 2)
- In 1974, there was a total of only about 1.3 million children in all licensed day care centers, Head Start programs, and approved family day care homes—compared with a total of 19.5 million children under 6 in the United States, of whom about 7.0 million live in families in which the mother is in the labor force. (Chapter 5)
- The quality of care provided in such facilities varies enormously, and a majority of family day care homes and centers are rated as only poor or fair. (Chapter 5)
- In 1974, approximately 4.7 million children aged 3–5 were in some form of preschool program, three-quarters of it part-day. Preschool programs enrolled 79 percent of the 5-year-olds, 38 percent of the 4-year-olds, and 20 percent of the 3-year-olds in the country. (Chapter 5)
- A substantial majority of substitute (non-parental) care in the United States is provided under informal cooperative arrangements with neighbors, relatives, and friends. (Chapter 5)
- More than 1 million school-age children have no formal care at all between the hours of school closing and parental return from work. (Chapter 5)
- Between 250,000 and 300,000 children live in public and private residential institutions for the mentally retarded, emotionally dis-

turbed, delinquent, physically handicapped, dependent and neglected, and mentally ill. (Chapter 6)

- A significant number of women do not receive adequate prenatal care, resulting in high rates of infant mortality and morbidity. Among 42 nations keeping comparable statistics, the United States ranks sixteenth in infant mortality. (Chapters 2 and 4)
- One-third of America's children—20 million children—do not receive adequate health care, including access to primary care, complete immunizations, and prompt and early treatment of disease. A recent survey in Syracuse, New York, for example, showed that 55 percent of children 2–6 had no demonstrable antibodies to Type I polio virus. (Chapter 4)

These data and others cited in the report document the handicaps faced by a large proportion of America's families as they attempt to fulfill their children's basic needs. Moreover, taken as a whole, the data indicate that growing numbers of children at all income levels and in all parts of society do not receive adequate care, particularly during the early years of life.

Government Programs

The Committee finds that existing government programs are not adequately meeting the needs of America's children and families. Federal programs for children—a few of them involving direct operations, some covering research and development, and hundreds taking the form of grants-in-aid—are scattered among dozens of departments and agencies. This fragmentation creates problems of coordination at best and conflict among programs at worst. At the state and local level the situation is even more confused. A wide range of services to families and children is currently being provided in an essentially haphazard fashion by many different government agencies and private organizations. Despite sporadic attempts at community and regional planning and coordination, the result has been inadequate coverage in many localities and duplication of effort in others.

Categorical, single-strategy programs, while effective in meeting some of the specific needs of many families, have failed to provide the support required by many families with multiple needs. In addition to programs specifically directed toward families and children, public policies in many areas have effects, both positive and negative, on the welfare of families. Despite this fact, little explicit attention is given to the impact on families and children of welfare, health, housing, transportation, environmental regulation, criminal justice, recreation, consumer protection, and other programs, both old and new.

The difficulties faced by many families result largely from social and economic forces beyond their immediate control. It is therefore not enough to exhort parents to do a better job of caring for their children. Courses in parent education, while helpful, will not resolve the dilemma faced by a single parent who must work full time and who cannot make adequate substitute child care arrangements without sacrificing a reasonable standard of living. Knowledge of a child's nutritional and health requirements does not provide resources to meet those needs. Even increased income and opportunities for the employment of women, minorities, and the poor will go only part way toward resolving problems faced by many families in America.

In trying to deal with the pressures of modern society, families are increasingly isolated from the institutions that have traditionally played a central role in family life and the socialization of children in this country. Because of urbanization and its attendant anonymity and impersonality, the separation of work and place of residence, increased segregation by age, and the growing secularization of society, the family is less likely to receive support in its child-rearing responsibilities from the extended family, the neighborhood and the community, and the church. Without outside support, therefore, it seems likely that the problems faced by families and children will increase in severity and that the rates of child abuse, crime, drug dependency, failure in school, and other indicators of our inattention to the problems of children and families will also grow.

In an effort to identify which families need help most and which children need help most immediately, the Committee developed an index of social and economic need. Thus, the Committee designates 3.7 million children under 6 "at high risk" due to low family income and the work status of their parents. An additional 2.4 million children under 6 live in families whose circumstances are only slightly better; the Committee designates them "at risk."

RECOMMENDATIONS

The Committee recommends that the federal government take the lead in developing a comprehensive national policy for children and families, the essential components of which include: (a) employment, tax, and cash benefit policies that assure each child's family an adequate income, (b) a broad and carefully integrated system of support services for families and children, and (c) planning and coordination mechanisms to ensure adequate coverage and access of families to the full range of available services.

To implement this national policy, the Committee recommends specific policies and programs on economic resources, health and health care, child care, special services, and the delivery of services. The Committee also recommends research that can significantly improve the knowledge base on which all policies and programs for America's children should be based.

Family Economic Resources

1. A national policy for children and families should begin with a program to ensure that families have the minimum income necessary to provide adequate food, shelter, and care for their children. A reasonable and feasible goal for such a program is that no child should be deprived of access to a family living standard lower than half of the median family income level (after tax) for a substantial period of his or her childhood and this income should not fall below the government-defined poverty level even for shorter periods. This goal can be met by: increased levels of activity in the economy to reduce unemployment and draw more family members into the labor force, public employment and training programs for the low-skilled and the hard-to-employ, and direct redistribution of income. To the extent that the goal is to be met through direct redistribution of income, substantial differences in income should be maintained to provide incentive and to ensure a fair sharing of the rewards of individual efforts for those in each stratum of income.

2. The economic support structure should provide that one (or the only) parent can remain in direct and full-time care of a child under 6 without being deprived of the income level specified above.

Health and Health Care of Children

3. As the nation plans some form of national health insurance, major emphasis should be placed on a child and family health program providing: health maintenance and preventive services and a system of accountability to ensure that services are of high quality and that child health indicators show the effectiveness of expenditures. Important elements of such a program are incentives to redirect a greater percent-

age of health care personnel into primary care activities and to encourage a better geographic distribution of such personnel.

4. A national system should be established for continuous epidemiologic and demographic monitoring of children's health and for the evaluation of the effectiveness of child health care services.

5. Children's health problems resulting from social causes should have a very high priority in research and demonstration efforts.

Child Care

6. For those families who, out of necessity or preference, elect some form of substitute care for their children, a range of alternatives should be available, including prekindergarten, kindergarten and nursery schools, in-home care, family day care, and center-based day care programs. The programs should be available free or at costs that do not require the sacrifice of other essential goods and services.

7. Mechanisms should be established to ensure that alternative care arrangements meet minimum federal and state standards based on research findings of the effects of daytime care and on experience in the administration of such programs. These standards include continuity of care, a high ratio of adults to children, cleanliness and nutritional adequacy, health services, safety, and a stimulating environment.

Special Services

8. Programs that deal with children who are in need as a result of family failures, crises, and special problems should not presume family breakup (either permanent or temporary) or inadequacy. Out-of-home care of children should be provided only when family support and reconstitution are not realistic options.

9. When out-of-home care of children is unavoidable, because of family crises or problems and dangers in the home, family breakup should be kept as brief as possible.

10. All programs for children with special needs should be based on the principle of maximum exposure of the child to normal, developmental relationships. In particular, large, congregate, custodial children's institutions should be abolished, and residential care of diverse types, rich in educational, developmental, and treatment resources, should be provided when own-family or substitute-family care is not appropriate.

Delivering Services to Families

11. Financial and technical assistance should be provided to states and localities to encourage experimentation with, and assessment of, a variety of service delivery mechanisms designed to increase access to, and integration of, a range of services to families and children. Title XX of the Social Security Act affords the states the opportunity to undertake systematic planning and implementation of service integration.

12. A separate program should be established in the Office of Child Development to test the feasibility and effectiveness of the concept of neighborhood family resource centers.

Future Research

13. Future work should emphasize three important and promising types of research: (a) studies of children and families in natural settings; (b) systematic experimentation with, and evaluation of, proposed programs for children and families; and (c) the development of social indicators on children.

In addition, the Committee believes that a comprehensive national policy for child development should include mechanisms to monitor, on a regular basis, the impact on families and children of a wide range of government policies and programs, including those not directed specifically toward children and families.

1 Introduction

The problems faced by a significant proportion of parents and children in our society are detailed in this and many other recent reports. These reports document the existence of a variety of constraints on families and children, some of which have always limited parents and others that are uniquely a product of the way we have chosen to organize our institutions and lives today. The central question is what can be done to help families remove or lessen the constraints they face in raising their children.

This question raises several important issues. One derives from the principle in our society of non-interference in individuals' lives by government or any other organization, particularly in those areas that have traditionally been defined as "private." Exceptions are made only when the public good is clearly at issue, as it has been deemed to be in the requirement that children attend school. Child rearing, by definition, is close to the heart of those private areas defined as off limits to outside intervention. In addition to safeguarding the privacy of individuals, the principle of non-interference also recognizes the malleability of very young children and the presumed right of parents to shape their children's lives in whatever way they see fit, barring outright neglect or deliberate harm to the children. Moreover, while scientific research has produced much knowledge regarding the processes and optimum conditions for child development, the research sometimes assumes agreement on the desired outcomes of the child-rearing process, an assumption that may not be justified in all cases.

particularly when different cultural and ethnic traditions are considered.

A second major issue is that the problems of children are inseparable from the problems of those who are primarily responsible for their care and nurture. The characteristics of each child's environment are largely determined by the environment and circumstances of one or more adults, including, but not restricted to, the child's parents. It is therefore axiomatic that one cannot attempt to help children without influencing those adults, whether intentionally or not. This is especially true in the case of very young children because of the degree of their dependence and need for close psychological attachment to a particular adult.

A third issue relates to the broader set of questions concerning the role of women in our society. While acknowledging that, in fact, women currently assume the major share of responsibility for child care in the United States, particularly for young children, we may still ask: Is there, or should there be, any alternative to this model? Can we find ways of increasing opportunities for women without diminishing the status of mothers, which many women find completely fulfilling? The issue is whether there are ways of increasing the availability and status of alternatives, including the option of being, first and foremost, mothers.

Finally, there is the issue of the distribution of services to different groups in the population. Should some government-supported services be available only to poor people, or should there be a broader base of participation? This problem is familiar to those who have struggled with eligibility requirements, the degrading effects of labeling, and the unmet needs of many people who are not classified as poor. Political and economic forces will no doubt continue to determine the shape of federal policies on this issue, but opportunities for institutional innovations that could result in a significant broadening of the service base should not be overlooked.

ASSUMPTIONS

Throughout this report certain assumptions have guided the Committee's interpretation of scientific evidence regarding child development and its implications for public policies. It is clear that the process by which we have arrived at our recommendations is not value free. Values influence the choice of scientific questions, and they are implicit, inevitably, in the application of scientific findings to social problems. In this report they embody aspirations for children and families, conceptions of a desirable social order, and beliefs about the proper roles of government, private agencies, and individual initiative in family life.

The Committee assumes that diversity is preferable to uniformity and that individual initiative and responsibility, aided by community, state, and federal efforts, hold the greatest promise for finding solutions to family and child development problems. Our society is committed to pluralism, and we believe children must grow and learn in settings that affirm this commitment. Furthermore, different people in different places need different conditions for optimum development. Our recommendations are therefore directed toward the creation of a national policy for families and children, stimulated by federal initiatives, that will encourage diversity, local responsibility, and individual innovation.

The Committee also assumes that people, poor and rich alike, often are able to make better decisions for themselves than professionals. Maximizing freedom of choice is a prerequisite for increasing the capacity of people to be responsible for their own lives and for ensuring the continuation of a pluralistic society.

Finally, the Committee assumes that child and family services should be available to all children and all families if the country is to have an effective national human resources development program. Some children from all socioeconomic groups are neglected, deprived of opportunity, abused. Retarded children and gifted children are found in all categories of families, poor and rich, black and white, parent present and parent absent. Emotional disturbances and learning disabilities occur in all groups of children. At the same time, however, the Committee acknowledges that children who are members of minority groups (especially black, Spanish-surname, and native Americans) or who are handicapped (physically, mentally, or emotionally) suffer more than others. On both moral and pragmatic grounds, therefore, the Committee recommends child and family development programs that give priority to those children and their families.

SUPPORT FOR THE FAMILY

It is becoming increasingly clear that the most important influences on the development of young children arise within the context of their immediate environment. For almost all American children this means within the family. The family can be, and more and more often is, composed of various groupings of children and adults living a shared existence under one roof; the conventional nuclear family is a special case of such groupings. Variation from the traditional family unit is increasingly evident: single-adult households, new roles for men and women, experimental communities performing the functions of families, and other alterations of the conventional family. Policies that ignore or attempt to reverse these trends are unlikely to be successful and will run a grave risk of failing many of the children they were designed to help.

The Committee has rejected serious consideration of policies that would replace the home and family with some alternative institutional environment. We believe there is strong resistance in our society to substantial encroachments on parental prerogatives. Consequently, we have framed our analysis and recommendations on the premise that the family—irrespective of its specific forms—will continue to provide the predominant environmental influence on the early development of children.

It is clear that the development of a significant proportion of the nation's children is inadequate and that, by the time these children begin school, they already lag behind in developing their potential to be adequate adults. Most programs aimed at compensating for differences in preschool cognitive development have failed so far to demonstrate lasting effects, once the program has been discontinued. The experience of Head Start and other early intervention programs indicates that it is harder than expected to remedy developmental deficiencies that stem from the continuing conditions under which children and their families live. Much of what happens (good and bad) to shape the development of children occurs, then, in the home and the surrounding environment of their early years. The Committee concludes, therefore, that a national policy for child development must be based first and foremost on supports for the family.

TOWARD A NATIONAL POLICY FOR CHILDREN AND FAMILIES

In attempting to provide a framework for the development of a national policy for children and families, the Committee acknowledges several limitations. First, as implied above, many of the difficulties faced by families are intricately linked with larger societal concerns: inequality, poverty, the decline of cities, poor housing, unemployment, inadequate health care, lack of transportation, the deterioration of the environment, inadequate education. While this report attempts to deal with some of these broader problems (for example, income security and health care), it gives only passing attention to others. However, all these issues deserve serious attention in view of their impact on families and children.

Similarly, the Committee recognizes that its concerns with certain organizational and management issues (for example, the current fragmentation of government services and lack of coordination among them) are also subjects of study by many other individuals and groups, both public and private. The Committee hopes that its limited proposals will contribute to a continuing dialogue among those responsible for the development and implementation of government policies, as well as those affected by them.

Third, the report focuses primarily on children under the age of 6 and their families. Thus, it deals only by implication with several topics that are relevant to the development of children of all ages: the role of schools, the impact of television, the effects of changing sexual norms and sex roles, the increasing rates of drug abuse, the role of the legal system in relation to children, and the growing national concern over age segregation in society. All these issues have been and are the focus of more detailed studies and analyses prepared by other groups and institutions.

Finally, the Committee recognizes that its conclusions and recommendations are addressed to a variety of public agencies and private institutions and groups. The full explication and implementation of consistent and effective policies for the support of families and children will require the continued efforts of these different groups in all parts of society.

2 The State of American Families and Children

Any report on child development must examine the environment in which most children grow, learn, and are cared for—the family. The American family has been undergoing rapid and radical change and is today significantly different from what it was only 25 years ago. Changes in the structure and functioning of the family have significant implications for children and for all institutions concerned with their growth and development. This chapter documents major characteristics of families today, shows how they have been changing, and suggests the impact of recent trends on both children and their families.[1]

Information on families, especially on children, is extraordinarily difficult to assemble and interpret. The data necessary to construct a reasonably complete picture of American families—how they raise their children and how they cope with the daily problems presented by

[1] Since this report attempts to identify trends for American society as a whole, the primary sources of almost all the data presented are government statistics, principally the *Current Population Reports (CPR)* of the Bureau of the Census, U.S. Department of Commerce; the *Special Labor Force Reports (SLFR)* of the U.S. Department of Labor; and the *Monthly Vital Statistics Reports (MVSR)* of the National Center for Health Statistics, U.S. Department of Health, Education, and Welfare. Citations to these documents appear throughout Chapter 2. Information on the sources of data for each figure in Chapter 2 appears in the technical notes at the end of this chapter.

NOTE: Appreciation is expressed to colleagues at the Bureau of the Census and the National Center for Health Statistics for their cooperation in supplying recent data and answering innumerable questions. The Committee and its staff are particularly indebted to Arthur Norton, Howard Hayghe, Robert Heuser, and Alexander Plateris.

a complex urban society—are virtually nonexistent. Such data as do exist must be pieced together from many sources, and inevitably they provide an incomplete picture. The lives of children are even harder to describe, except when circumstances bring children into contact with institutions outside the family. These limitations should be kept in mind in reading and interpreting the data presented in this chapter.

THE CHANGING AMERICAN FAMILY

Maternal Employment

The most familiar trend is the increase in the number of working mothers (Figure 1). Once their children are old enough to go to school, the majority of American mothers now enter the labor force. As of March 1975, 52 percent of married women with children aged 6–17 were working or looking for work (*SLFR* 1976, No. 183, Table 2); in 1948, the rate was 26 percent (*CPR* 1955, P-50, No. 62, Table D). Moreover, about two-thirds of married mothers who had jobs in March 1975 were working full time (*SLFR* 1976, No. 183, Table 2).

Since the early 1950s, married women with children 6–17 have been more likely to work than married women without children under 18. However, the most recent and most rapid increase has been in the number of working mothers of young children: 37 percent of all married women with children under 6 were in the labor force in 1975 (*SLFR* 1976, No. 183, Table 2); this percentage is three times higher than that in 1948 (*CPR* 1955, P-50, No. 62, Table D). Almost as many married women with children under 3 were in the labor force in 1975: about one in three (*SLFR* 1976, No. 183, Table 2).

All these figures apply only to families in which both parents were present; for the rapidly growing numbers of single-parent families, the proportion of mothers in the labor force is much higher—almost three-quarters (72%) for those with children 6–17 and well over one-half (56%) for mothers of children under 6. Over 80 percent of these working mothers are employed full time.

Adults in the Home

At the same time that more mothers have gone to work, the number of adults in the home who can care for the child has decreased. Although the number of children per household has decreased only slightly in the last two decades, the number of adults per household (including households without children) has dropped steadily to a 1975 average of

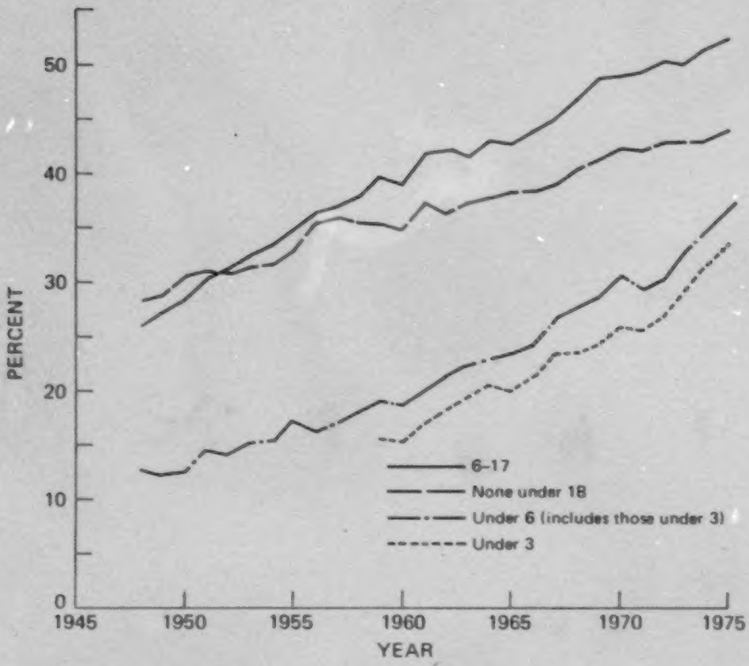

FIGURE 1 Labor force participation rates for married women by presence and age of children, 1948–1975. SOURCE: See notes at the end of this chapter.

two (*CPR*, 1976, P-20, No. 291, Table A). Unfortunately, the Bureau of the Census does not publish complete statistics on the number of adults present in households with children. An approximation can be obtained, however, from data on the proportion of parents living with a relative, usually a grandparent, as family head (see Figure 2). This does not include families in which an adult relative is present but the parent is the family head. For example, a family with a mother-in-law present would not be counted unless she was regarded as the family head. As Figure 2 shows, the percentage of families living with a relative as head of household has decreased appreciably in the past 25 years. Although parents with children under 6 are more likely to be living in such "extended family" households than those with children 6–17, the decline over the years has been greatest for families with children under 6.

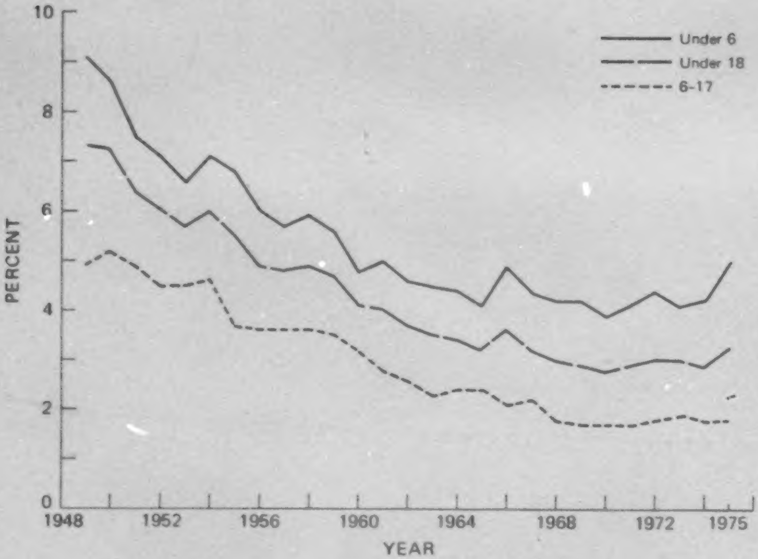

FIGURE 2 Percentage of families living with a relative as family head as a percentage of all families with children under 18, under 6, and 6 through 17 years of age, 1948–1975. SOURCE: See notes at the end of this chapter.

Single-Parent Families

Figure 3 shows a marked rise over the past 25 years in the proportion of families with only one parent present; this rise has been sharpest during the past 10 years. In terms of actual numbers of children, in 1975 more than one in every six children under 18 was living in a single-parent family (*CPR* 1976, P-20, No. 287, Tables 4 and 5); this rate is almost double that in 1950. (These figures include a small proportion of single-parent families headed by fathers, a proportion that has remained relatively constant since 1960, less than 2 percent of all families with children.)

The increase in single parenthood has been most rapid among families with children under 6. The percentage more than doubled between 1948 and 1975, from about 7 to 17 percent. The percentage is almost as high for families of very young children; in 1975, almost one in every seven children under 3 (14.5%) was living in a single-parent family (*CPR* 1976, P-20, No. 287, Tables 4 and 5).

Further evidence of these changes in the American family appears if

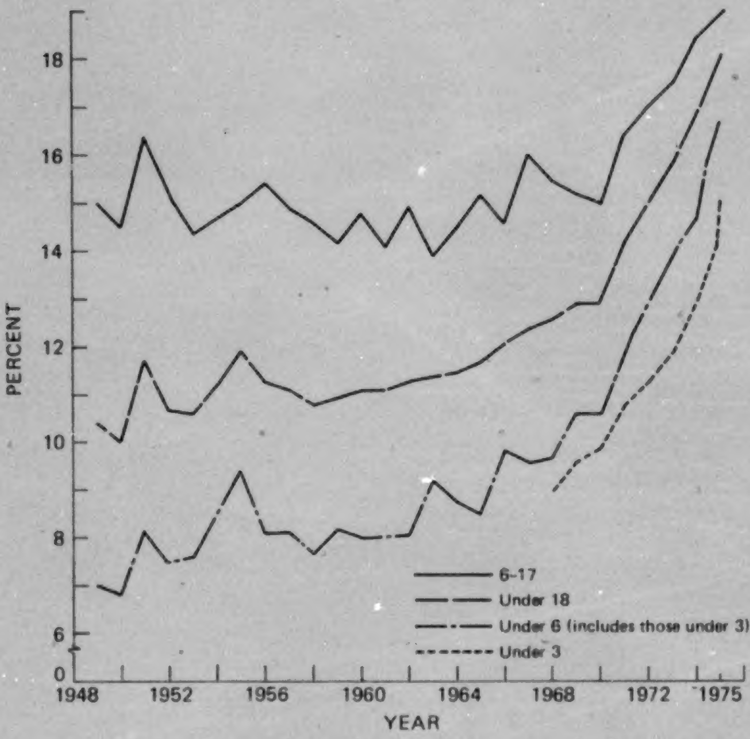

FIGURE 3 Single-parent families as a percentage of all families with children under 18, under 6, 6 through 17, and under 3 years of age, 1948–1975. SOURCE: See notes at the end of this chapter.

an index of extended families, as defined above, is applied to single-parent homes. The index shows a marked decline from 1948 to 1975, and the drop is sharpest for families with children under 6. Today, almost 90 percent of all children in one-parent homes are living in families in which the single mother or father is the family head (*CPR* 1976, P-20, No. 287, Tables 4 and 5).

The majority of single parents are in the labor force: 72 percent of mothers with children 6–17 and 56 percent of those with children under 6. Over 80 percent of those employed work full time. Even among single-parent mothers with children under 3, 50 percent are in the labor force; of those employed, 77 percent work full time (*SLFR* 1976, No. 183, Table 2).

Divorce and Remarriage

Since the late 1950s, the rate of divorce for couples with children has been higher than that for childless couples. Figure 4 shows the annual number of divorces and the estimated number of children involved in divorces and remarriages of divorced parents. The number of children involved in such remarriages has been increasing far more slowly than the number of children involved in divorces. In 1974, an estimated 500,000 children of divorced parents were involved in remarriages, but the parents of more than twice as many children became divorced.

One reason for that difference is the differential remarriage rate for men and women. In 1974, the remarriage rate per 1,000 divorced or widowed women was 40.0; the corresponding rate for men was 129.1 (*MVSR* 1976, Vol. 25, No. 2, Table 4), and the differential has been increasing over the past decade. Since over 90 percent of single parents are women, the likelihood that their children will end up in a two-parent family is less than would be expected from the overall remar-

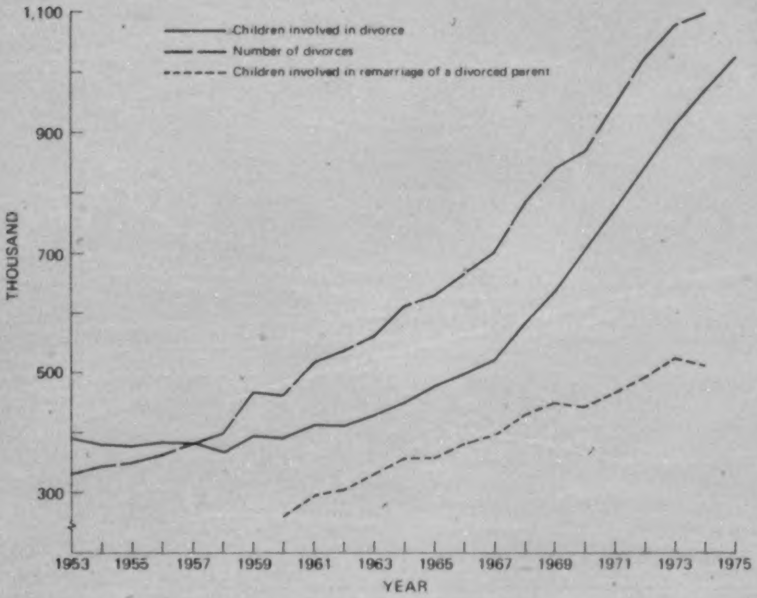

FIGURE 4 Number of divorces and estimated number of children involved in divorce and remarriage (in thousands), 1953–1975. SOURCE: See notes at the end of this chapter.

riage rate. It is this phenomenon that is reflected in the widening gap between the top and bottom lines in Figure 4.

Children of Unmarried Mothers

Next to divorce, the most rapidly growing category of single parenthood, especially since 1970, involves unmarried mothers. In the United States, illegitimate births are indexed by two measures: the illegitimacy ratio—the number of illegitimate births per 1,000 live babies born; and the illegitimacy rate—the number of births per 1,000 unmarried women aged 15–44 years. As shown in Figure 5, the ratio has been consistently higher and has risen far more rapidly than the

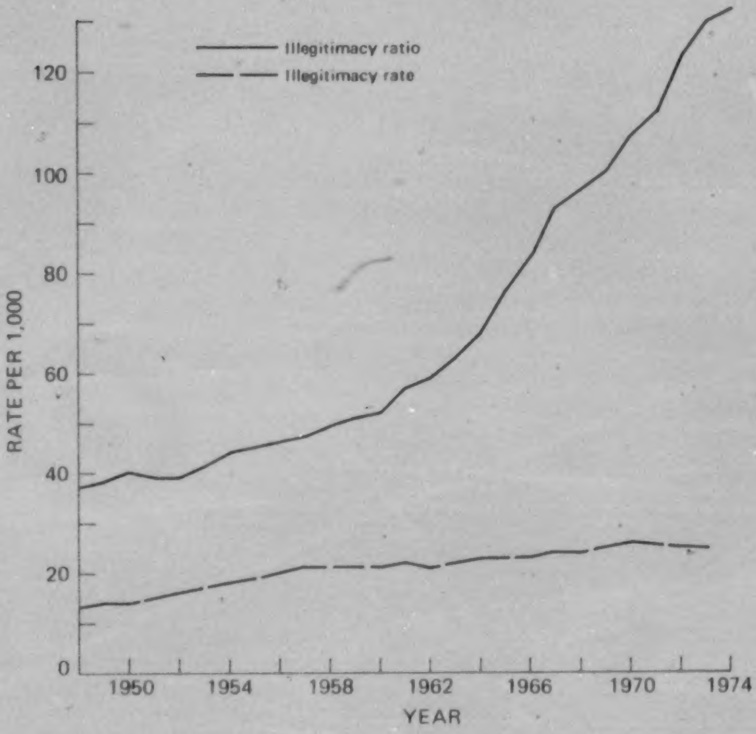

FIGURE 5 Illegitimate births per 1,000 live births (ratio) and per 1,000 unmarried women (rate), 1948–1974. SOURCE: See notes at the end of this chapter.

rate. This trend indicates not only that a growing proportion of unmarried women are having children, but that the percentage of unmarried women among those of childbearing age is becoming even larger. Recent census figures confirm this conclusion, showing an increasing tendency for women to marry later (*CPR* 1976, P-20, No. 287, Table B). The increase in the percentage of unmarried women is particularly dramatic for the age-group under 25; over 80 percent of all illegitimate children are being born to young women in this age bracket (*MVSR* 1974, Vol. 24, No. 11, Supp. 2, Table 11).

WHICH FAMILIES ARE CHANGING

This section examines whether the trends documented for the nation as a whole are changing at a faster rate in some segments of American society and more slowly, or perhaps not at all, in others.

Working Mothers

The available data[2] show that younger mothers, particularly those under 25 years of age, are more likely than older mothers to enter the labor force. Moreover, the percentage of younger mothers in the labor force has been increasing in recent years, particularly for families with children under 3. A major factor related to mothers' labor force participation is educational attainment. In 1975, among married mothers with children under 6, 43 percent of college graduates were in the labor force, compared with 32 percent of those who did not finish high school (*SLFR* 1976, No. 183, Table 2).

In general, within a particular educational level, mothers whose husbands had the lowest incomes were most likely to work. An exception occurs, however, for mothers who did not complete high school. Even though their husbands' incomes were under $3,000, their rate of labor force participation was exceptionally low, possibly because their lack of schooling prevented them from qualifying for a job that could bring sufficient income to outweigh the expenses of child care and going to work. Since, below the poverty line, the overwhelming majority (66%) of family heads have not completed high school (*CPR* 1976, P-60, No. 102, Table 32), families who need it most are least able to obtain the incomes of working mothers.

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[2] Labor force participation rates by age of mother are tabulated annually in the *Special Labor Force Reports* of the Bureau of Labor Statistics, U.S. Department of Labor (see note for Figure 1 at the end of this chapter).

Since the late 1960s, the increase in labor force participation has been most rapid for mothers in middle- and high-income families. Mothers from middle-income families are now entering the labor force at a higher rate than mothers from low-income families did in the early 1960s. However, as already noted, the highest labor force participation rates are not for mothers from two-parent families, but for those who are single parents.

Single Parents

Being a single parent, like being a working mother, is most common and is growing most rapidly among younger people. Figure 6 shows the

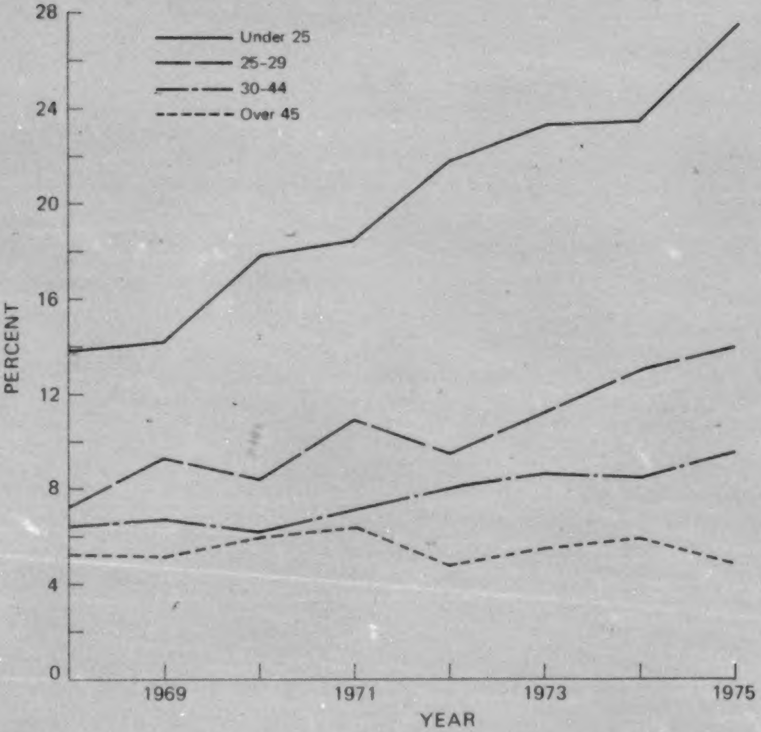

FIGURE 6. Percentage of single-parent family heads with children under 6 by age of family head, 1968–1975. SOURCE: See notes at the end of this chapter.

increase since 1968 in the proportion of one-parent families with children under 6, classified by age of family head. By 1975, more than one in four parents under 25 who was head of a family was without a spouse (*CPR* 1976, P-20, No. 291, Table 6).

The association of single parenthood with income is even more striking than the association with age. Figure 7 shows the rise in the percentage of female-headed families (which account for 90 percent of single-parent families) for seven annual income brackets ranging from under $4,000 to over $15,000. As indicated in the figure, female-headed, single-parent families comprise a substantially larger and increasing proportion of all families at lower income levels. In 1975, two-thirds of all families with incomes under $4,000 in the previous year had only one parent. In families with incomes over $15,000, the proportion of single-parent families has remained consistently below 2 percent since 1968.

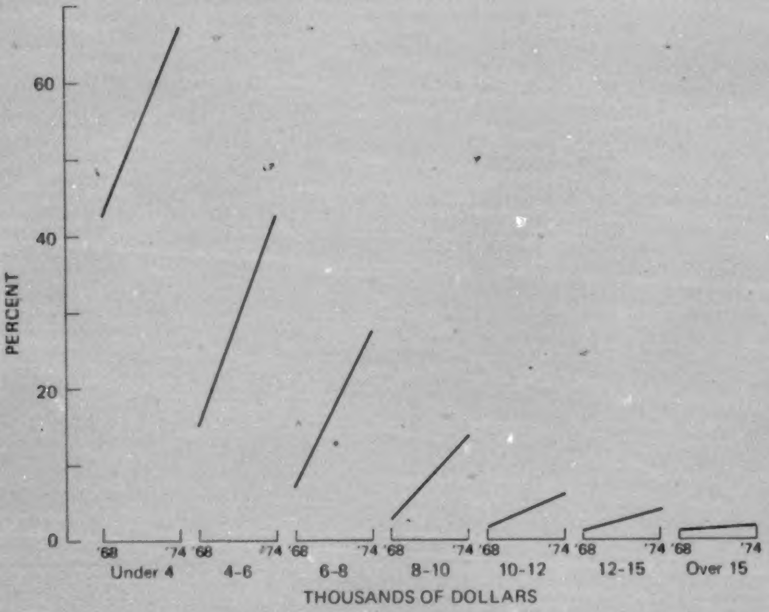

FIGURE 7 Female-headed families as a percentage of all family heads under 65 with children under 18 by income in previous year, 1968–1974. SOURCE: See notes at the end of this chapter.

Further analysis reveals that single parenthood is especially frequent in young families in the low-income brackets. For example, in 1974 among family heads under 25 with earnings under $4,000 in the previous year, the proportion of single parents was 71 percent for those with all children under 6 and 86 percent for those with all children of school age (*CPR* 1976, P-60, No. 101, Table 29). The more rapid increases over the past few years, however, have tended to occur among older low-income families.

In addition, there is an enormous difference in the average income of separated and non-separated family heads. In 1975, for example, all families headed by a husband with wife present and at least one child under 6 had a median income of $12,886 in the previous year;[3] for a single-parent, female-headed family, the median income was $3,891, 30 percent of the income for a two-parent family (*CPR* 1976, P-20, No. 291, Table 6). The nature and extent of this gap is further underscored by the fact that the average income in 1974 for the small number of male-headed, single-parent families with children under 6 was $9,226 (*CPR* 1976, P-60, No. 101, Table 29). In other words, it is primarily the single mother who finds herself in severely strained financial circumstances.

Economic deprivation is even more extreme for single mothers under 25. In 1974, the median income of such mothers with all their children under 6 was only $3,021.[4] The 500,000 mothers in this age-group constitute one-third of all female-headed families with children under 6 (*CPR* 1976, P-20, No. 291, Table 6).

In order to determine whether low income is a cause as well as a consequence of single-parent status, data would be needed on family income before parental separation. Unfortunately these data are not available, but there is information on mothers' years of schooling, which is highly correlated with family socioeconomic status (assuming it is completed before divorce or separation).

Figure 8 shows that, in general, the less schooling a mother has, the more likely she is to be a single parent. There is one exception to the general trend: the proportion of single parenthood is highest and has risen most rapidly among those who attended high school but failed to graduate. It seems likely that many of these are unmarried girls who left school because of pregnancy. Consistent with this interpretation, further analysis reveals that this pattern involves only women in the

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[3] The 1974 income figures were supplied courtesy of Howard Hayghe of the Bureau of Labor Statistics.

[4] *Ibid.*

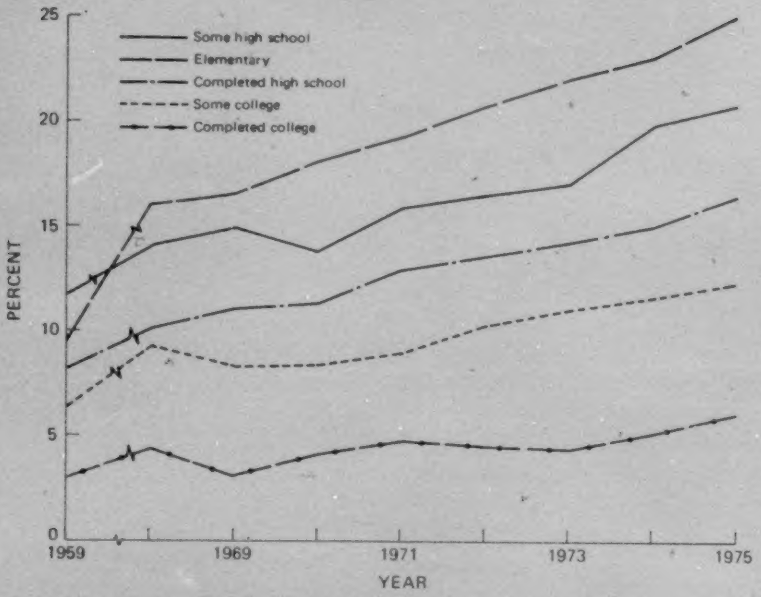

FIGURE 8 Percentage of families with children under 18, headed by single spouse, by education of head, 1959–1975. SOURCE: See notes at the end of this chapter.

younger age-groups and is most marked for mothers of children under 3. In 1975, about one in every six (16.1%) mothers of children under 3 was a high school dropout (*CPR* 1976, P-20, No. 291, Table 14).

Figure 8 is misleading in one respect. It shows virtually no increase in the percentage of single-parent families among college graduates; however, a somewhat different picture emerges when the data are analyzed simultaneously by age of mother and child. When this is done, it becomes apparent that college graduates are more likely to defer family breakup until children are 6 or older. Once children are in school, the rate of family breakup for this group goes up from year to year, especially among younger college-educated parents.

Location of Single-Parent Families

Figure 9 shows the percentage of single-parent families with children under 6 by location of residence. The percentage of single-parent families increases markedly with city size, reaching a maximum in American metropolises with populations of over 3 million.

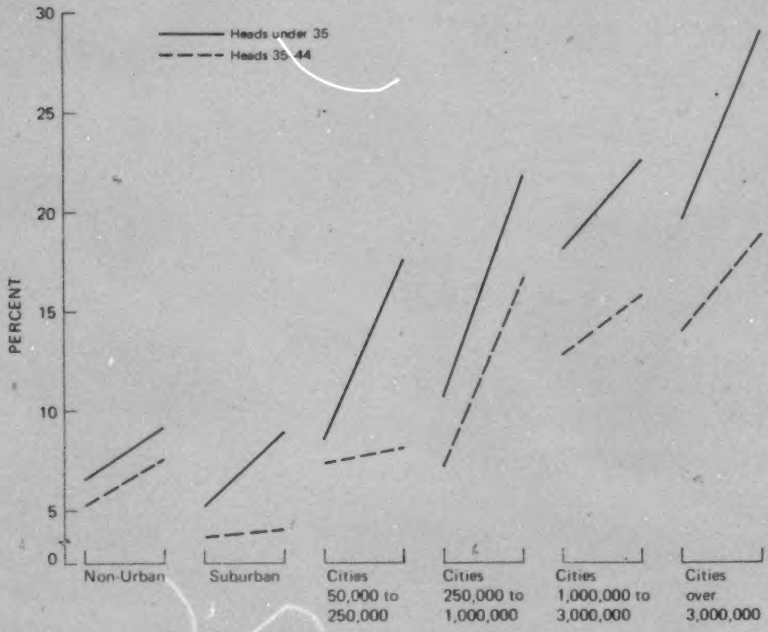

FIGURE 9 Percentage of female-headed families with children under 6 by place of residence and age of family head, 1968–1974. SOURCE: See notes at the end of this chapter.

The growing tendency for younger families to break up more frequently than older ones is highest in the large urban centers and lowest in non-urban and suburban areas. Thus, the proportion of single parents is highest among families with heads under 35 living in cities with populations of more than 3 million: close to 30 percent of such families are headed by single parents.

Race

Race and Single-Parent Status Figures 10, 11, and 12 show the percentage of children in single-parent families, for blacks and whites, by income of family head, for three types of residence areas (urban, suburban, and non-urban), for the period 1960–1970. The number of such children for most income groups in the 1960–1970 period rose dramattically, with the biggest increases in the lowest income groups of both

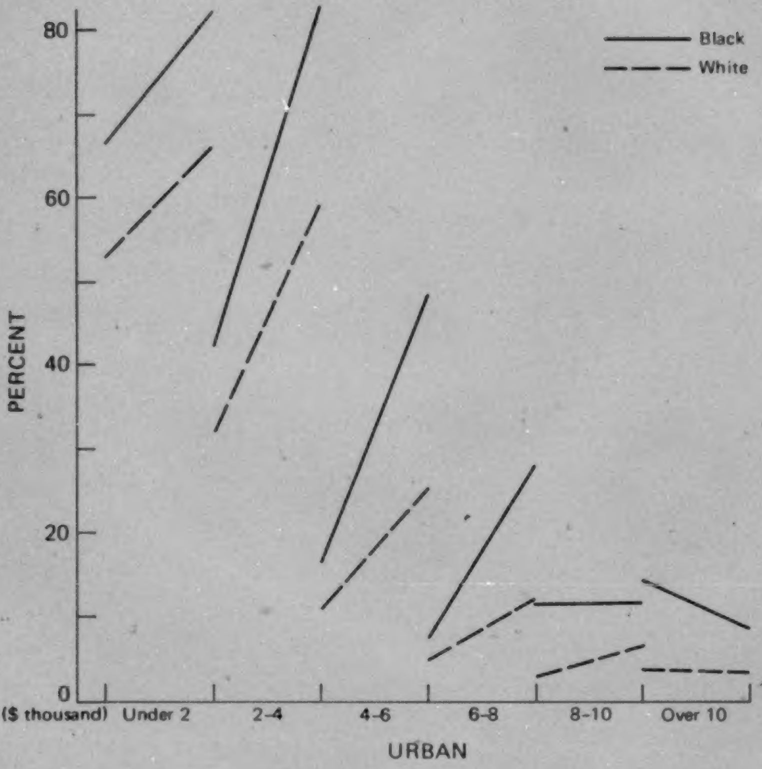

FIGURE 10 Percentage of children in single-parent families by race, family income in previous year, and urban residence. Each line segment shows change from 1960–1970. SOURCE: See notes at the end of this chapter.

races. For each residence area and income level, the percentage of children in single-parent families increased almost as much for whites as for blacks. In other words, the critical factor appears to be not race but the conditions under which families live. This pattern suggests that different experiences prior to 1960 contributed to the disparity now observed between black and white families living in similar circumstances.

However, blacks and whites generally do not live in similar circumstances. It is only by controlling for income and urbanization that the trends for the two races begin to look alike. Without such controls, the lines are much farther apart, and the line for blacks rises at a much

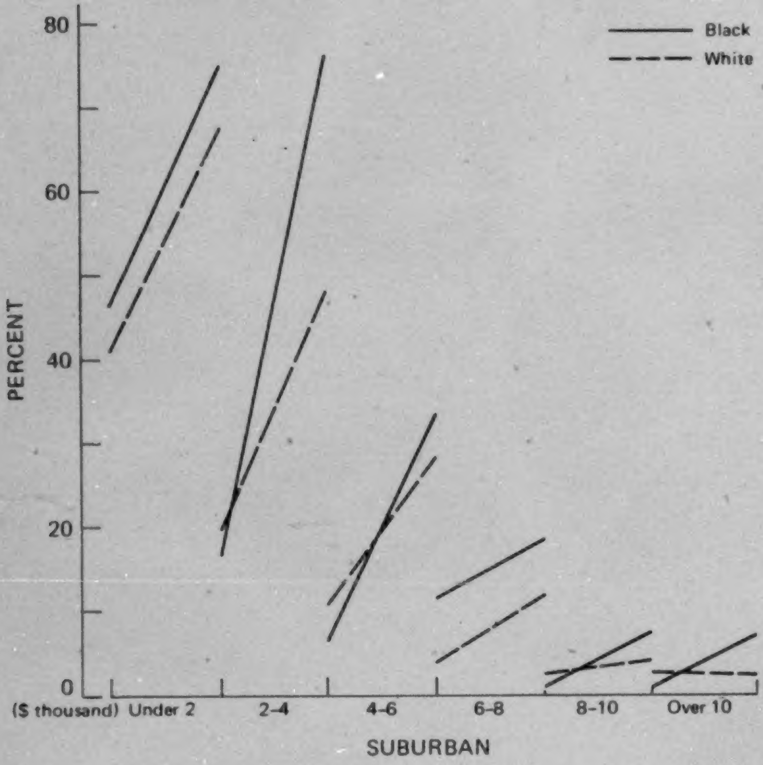

FIGURE 11 Percentage of children in single-parent families by race, family income in previous year, and suburban residence. Each line segment shows change from 1960–1970. SOURCE: See notes at the end of this chapter.

faster rate; specifically, between 1960 and 1970, the percentage of children in single-parent black families increased at a rate five times higher than that for white children. In 1970, 35 percent of black children lived in single-parent families, compared to 8 percent of white children. Since 1970, both figures have risen and the gap has widened. In 1975, the percentage of children under 18 in single-parent families was 13 percent for whites and 43 percent for blacks (*CPR* 1976, P-20, No. 287, Tables 4 and 5).

This striking difference is explained in part by the known relationship of urbanization and income to family disruption. In 1975, about 6 percent of all white families with children under 18 were living in cities

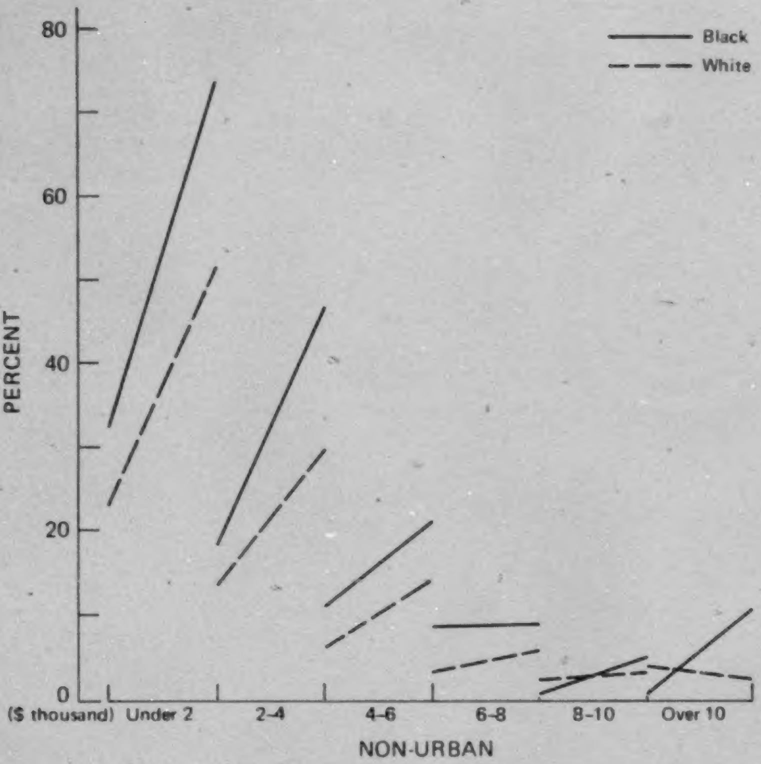

FIGURE 12 . Percentage of children in single-parent families by race, family income in previous year, and non-urban residence. Each line segment shows change from 1960–1970. SOURCE: See notes at the end of this chapter.

with populations of 3 million or more, compared to 20 percent of all black families (*CPR* 1976, P-20, No. 291, Tables 3 and 4); this ratio of black families to white families living in cities has been rising steadily in recent years.

Race and Family Income In 1975, the median income for the previous year of a two-parent family with children under 6 was $13,089 for white families and $10,487 for black families. Single parenthood eliminated the race difference: $3,887 for white families, $3,877 for black families.[5]

[5] Data from the most recent census survey were supplied courtesy of Howard Hayghe of the Bureau of Labor Statistics.

In 1974, 34 percent of all black families with children under 18 were classified in the low-income bracket, compared to 9 percent for whites—a ratio of nearly four to one (*CPR* 1976, P-60, No. 102, Table 4). Moreover, the advantage of whites over blacks in family income, which decreased during the 1960s, has been increasing since 1969 (*CPR* 1975, P-60, No. 97, p. 5). The median income for black families was 61 percent of the white family median income in 1969 but decreased to 58 percent in 1974 (*CPR* 1976, P-60, No. 101, Table 13).

It is likely that non-white mothers, of whom blacks account for 87 percent (*SLFR* 1976, No. 183, Table F), have entered the labor force in increasing numbers and at rates substantially higher than their white counterparts in order to supplement low family incomes. Of married women with husbands present and children under 6, 35 percent of white women and 51 percent of non-white women were in the labor force in 1975 (*SLFR* 1976, No. 183, Table F); 16 years earlier, the figures were 18 percent of white women and 28 percent of non-white women (*SLFR* 1960, No. 7, Table D).

Race, Income, and Place of Residence The relatively vulnerable position of black families in American society can be seen most clearly when the combined effects of low income and urbanization are compared for blacks and whites. The available data are not broken down by city size, but comparisons can be made in the distribution of black and white families with children under 18 living in poverty areas[6] in urban, suburban, and rural areas further subclassified by family income (*CPR* 1976, P-60, No. 102, Table 3).

In 1975, 43 percent of white families with children lived in suburbia and 78 percent lived outside poverty areas and had incomes above the poverty line in the previous year. In contrast, only 17 percent of black families with children lived in suburbia and only 33 percent lived outside of poverty areas and had incomes above the poverty line in the previous year. More than one-half of black families (57%) lived in central cities; more than one-half of those lived in poverty areas within those cities; and one-half of those had incomes below the poverty line in the previous year. About one in every six black families with children under 18 had low incomes and lived in a poverty area of a central city, compared to less than one in every hundred white families.

Even though in 1975 only 14 percent of all American families with children were black, they constituted 72 percent of all families living in poverty areas of central cities and having incomes below the poverty line in the previous year. Thus, the gross difference in the distribution of blacks and whites in American society by income and place of residence largely explains the difference in degree of family disruption of the two races.

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[6] A poverty area is a census tract in which 20 percent or more of the population was below the poverty line in 1969.

Extended Families Given the disparities detailed above, it is perhaps surprising that the amount of disruption among black families is not greater than it is. One reason is suggested by the data provided in Figure 13, which show the percentages of families living with a relative as family head separately for white and non-white families. This percentage is consistently and markedly higher for non-white families, of whom almost 90 percent are black. In other words, black children are much more likely than whites to be living in an "extended" family household; specifically, in 1975, 16 percent of non-white children were

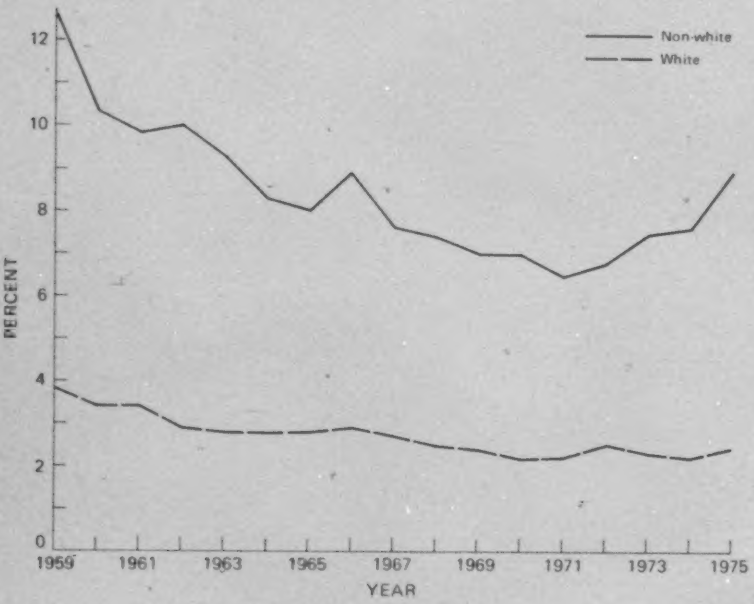

FIGURE 13 Percentage of white and non-white families with children under 18 living with a relative as family head, 1959–1975. (The base for the percentage is the total number of families for each race with children under 18.) SOURCE: See notes at the end of this chapter.

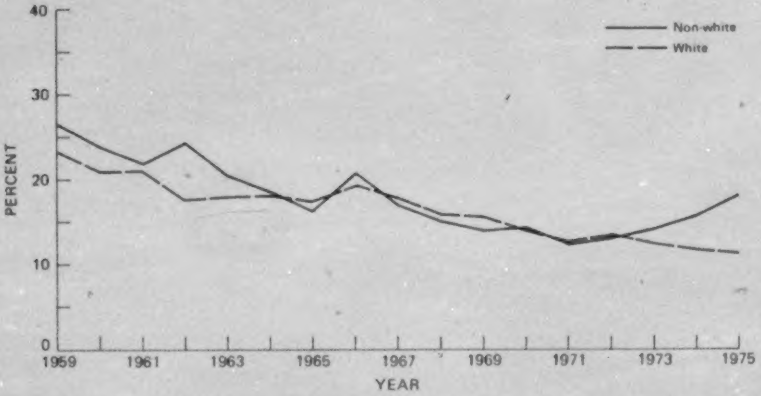

FIGURE 14 Percentage of white and non-white single-parent families with children under 18 living with a relative as family head, 1959–1975. (The base for the percentage is the total number of single-parent families for each race with children under 18.) SOURCE: See notes at the end of this chapter.

living in such households, compared with 3 percent of white children (*CPR* 1976, P-20, No. 287, Tables 4 and 5). While the decline in the percentage of such extended families from 1959 to 1970 was greater for non-whites than for whites, the percentage for non-whites has shown an upswing since 1971.

The significantly higher percentage of non-white than white children living in extended families is not explained by the proportion of children in single-parent families. As the data in Figure 14 show, the proportion of single parents living with a relative as family head has generally been similar and declining for both whites and non-whites. Only since 1972 has the proportion for non-whites increased, while the proportion for whites has continued to decline very slowly.

CHARACTERISTICS OF CHILDREN IN AMERICA

Infant Mortality

Among 42 nations keeping comparable statistics, in 1975 America stood sixteenth among nations in its rate of infant mortality[7] (death in the first year of life), and this ranking has slipped steadily in recent decades. However, this and related statistics for the nation as a whole, dismaying as they may be, mask large inequities within the United States. For example, in 1974, the infant mortality rate for non-whites was more than 1.5 times greater than that for whites; the maternal death rate was 3.5 times greater, and there were a number of southern states and northern metropolitan areas in which the ratios were considerably higher (*MVSR* 1976, Vol. 24, No. 11, Supp. Feb. 3).

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[7] This rank is based on the 1975 estimated infant mortality rate (see U.S. Department of Health, Education, and Welfare 1976).

A time perspective highlights the differences in infant mortality by race. Babies born of non-white mothers are dying today at a rate exceeding that for babies of white mothers 23 years ago. The 1974 non-white infant mortality rate of 24.9 was last reported for whites in the early 1950s, while the 1954 rate for whites of 23.9 (U.S. Department of Health, Education, and Welfare 1969) was lower than the 1974 rate for non-whites (*MVSR* 1976, Vol. 24, No. 11, Supp. Feb. 3). (Additional data on infant mortality and the Committee's recommendations for policies to deal with this problem appear in Chapter 4.)

Intellectual Development and Socioeconomic Status

It is a well-established finding that mothers from low-income families bear a higher proportion of premature babies, as measured either by weight at birth or gestational age, and that premature babies generally tend to be somewhat retarded in mental growth. The decisive role that environmental factors play in influencing biological and psychological growth is illustrated by a series of recent follow-up studies of babies experiencing prenatal complications at birth but surviving and growing up in families at different socioeconomic levels.

A good example is a well-designed and well-analyzed study by Richardson (1972) of over 6,000 Scottish 7-year-olds, of whom 203 had been born prematurely, from widely varying social class levels. In line with previous findings, Richardson found that children born prematurely to mothers in low-income families showed significantly poorer performance on measures of mental growth, especially when the babies both were born before term and weighed less than 5 pounds. The average IQ for these children at 7 years of age was 80. Richardson also found, however, that the higher the family's socioeconomic status, the weaker the tendency for birth weight to be associated with impaired intellectual functioning. For example, in the families of higher socioeconomic status, infants born before term and weighing under 5 pounds had a mean IQ of 105, higher than the standardization mean of 100 for the general population and only five points below the mean for full-term babies of normal weight born to mothers in the same socioeconomic group. In other words, the evidence suggests that children starting off with similar biological deficits end up with widely differing risks of developmental retardation as a function of the conditions in which they live.

A statewide New York study of factors affecting school performance at all grade levels (see New York State Commission on the Quality, Cost, and Financing of Elementary and Secondary Education 1972) found that 58 percent of the variation in student achievement could be predicted by three factors: broken homes, overcrowded housing, and the educational level of the family head. When racial and ethnic variables were introduced into the analysis, they accounted for less than an additional 2 percent of the variation in achievement. The results of this study also indicate a trend in the proportion of children failing to perform at minimal levels in reading and arithmetic: each year "an increasing number of New York State's school children are falling below minimum competence" (Vol. 2, pp. 6–10).

One might conclude that such a decrease in competence is occurring primarily, if not exclusively, among families of lower socioeconomic status—those with limited income, education, and cultural background. However, some data suggest that the trend may be far more pervasive. Figure 15 shows the average score achieved each year in the verbal and mathematical sections of the Scholastic Aptitude Test (SAT), taken by virtually all high school juniors and seniors who plan to go to college and widely used as a basis for determining admission. As can be seen, there has been a steady and substantial decrease over the past 12 years: 41 points in the verbal section, 25 in the mathematical section. In interpreting the significance of this decline, Dr. T. Anne Clarey, Chief of the Program Services Division of the College Entrance Examination Board (the organization that developed and administers the SAT program), warned that to conclude that lower scores reflect weaker performance by schools in preparing students is incorrect: "The SAT measures skills developed over a youngster's life time—both in and out of the school setting. . . . It is evident that many factors, including family and home life, exposure to mass media, and other cultural and environmental factors are associated with students' performance" (College Entrance Examination Board press release, December 20, 1973).

Similar declines in academic achievement have been reported recently for a wide variety of performance measures on large samples of the nation's school children. In a comprehensive study conducted for the Ford Foundation, Harnischfeger and Wiley (1975) analyzed time trends in data from seven major national testing programs, taking into

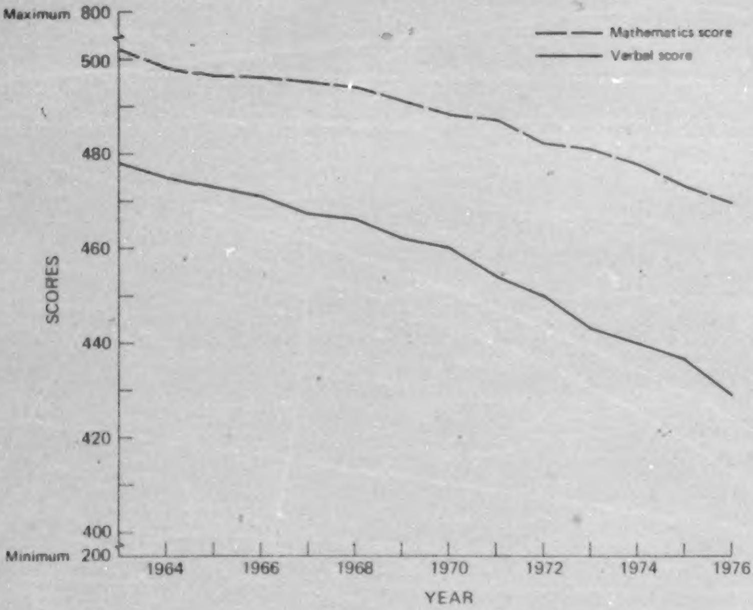

FIGURE 15 Average scores for senior high school students taking the scholastic aptitude examination, 1963–1976. SOURCE: See notes at the end of this chapter.

account possible confounding influences resulting from changes in the test, pupil populations, and other sources. They concluded (pp. 115–116, 118):

> Beyond doubt, beyond differences among assessment instruments, alterations in tests, or in pupil composition, achievement test scores have been declining for about a decade in all grades from five upwards. Score declines are more pronounced in higher grades and in recent years. They are more severe for tests probing verbal than mathematics achievements. These are the facts and they describe a National phenomenon. . . . We reported lowered test scores in diverse areas: English, writing, literature, vocabulary, reading, social studies, mathematics, and natural sciences.

A variety of explanations have been offered for these observed declines in achievement, including: increases in the numbers of pupils tested and in the number of girls taking tests, curriculum changes that de-emphasize training in basic skills, and the differential impact of television on different age-groups. Harnischfeger and Wiley conclude that additional data are needed for full and satisfactory explanations. Moreover, they point out that (p. 119):

> We need to valuate losses and possible gains in pupils' knowledges and skills responsibly against a thoughtful vision of our, but mainly their, future. The recent test score declines should initiate a reconsideration of basic and advanced skills, skills necessary for a rounded life, consumption, employment, leisure, and political action. The importance of achievement test score declines cannot be meaningfully assessed and thoughtful action cannot be initiated without a thorough consideration of these issues and questions.

Emotional and Social Development

A survey of changes in child-rearing practices in the United States over a 25-year period reveals a decline in interaction between parents and children (Bronfenbrenner 1958). A similar trend is indicated by data from cross-cultural studies comparing American and European families (Devereux et al. 1969). In a comparative study of socialization practices among German and American parents, the former were significantly more involved in activities with their children, including both affection and discipline; a second study, conducted several years later, showed changes over time in both cultures reflecting "a trend toward the dissolution of the family as a social system, with Germany moving closer to the American pattern of centrifugal forces pulling the members into relationships outside the family" (Rodgers 1971).

As parents spend more time at work and in community activities, children are placed in or gravitate toward group settings, both organized and informal. For example, since 1965 the number of children enrolled in day care centers has more than doubled: about 3 million children attend day care or family day care facilities.[a] An additional 5.1 million children aged 3 and older are enrolled in preschool programs (*CPR* 1976, P-20, No. 294, Table 1), one-quarter of which are full time. Outside school or preschool settings, children spend increasing amounts of time solely in the company of their age-mates. The vacuum created by the absence of parents and other adults has been filled by the informal peer group. A recent study found that at every age and grade level, children today show a greater dependency on their peers than they did a decade ago (Condry and Siman 1974).

A parallel study indicates that susceptibility to group influence is higher among children from homes in which one or both parents are frequently absent (Condry and Siman 1976). Peer-oriented youngsters describe their parents as less affectionate and less firm in discipline.

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[a] For an explanation of the calculation of this figure, see Kamerman and Kahn 1976, p. 51.

Attachment to age-mates appears to be influenced more by a lack of attention and concern at home than by any positive attraction of the peer group. In fact, peer-oriented children have a rather negative view of their friends and of themselves. They are pessimistic about the future, measure lower in responsibility and leadership, and are more likely to engage in such antisocial behavior as lying, teasing other children, "playing hooky," or "doing something illegal" (Siman 1973).

More serious manifestations of these trends are reflected in rising rates of child homicide and suicide and a precipitous climb in the rate of juvenile crime. One indicator of this development is a substantial increase in the rate at which delinquency cases involving children 10 through 17 years of age were disposed of by juvenile courts (Figure 16). While these figures may reflect in part an increased reliance on the courts to deal with juvenile crime, it is clear that the total number of children with criminal records is substantial and growing more rapidly than the juvenile population.

In 1975, six crimes (listed in order of magnitude) accounted for more than two-thirds (68.4%) of all arrests of children under 15: larceny,

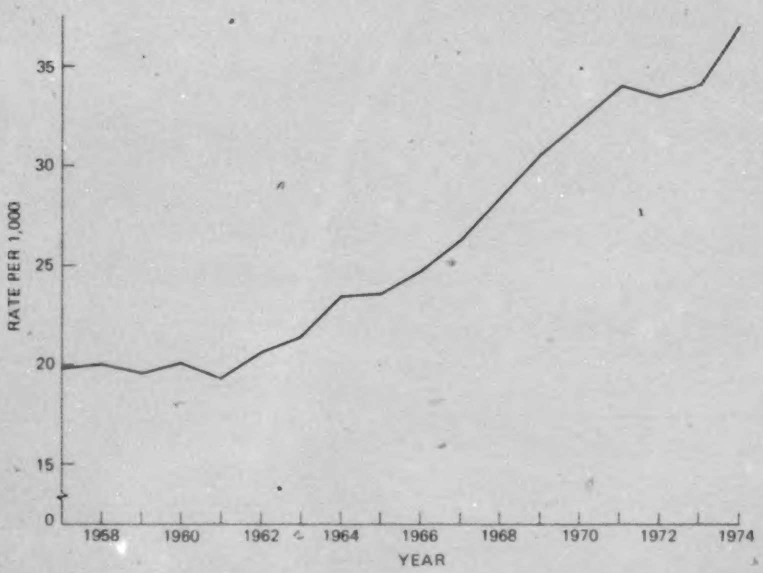

FIGURE 16 Rate of delinquency cases disposed of by juvenile courts involving children ages 10–17, 1958–1974. SOURCE: See notes at the end of this chapter.

burglary, running away from home, vandalism, disorderly conduct, and curfew violation and loitering. The first two—larceny and burglary—alone accounted for just under 40 percent of all arrests of children under 15. Violent crimes (aggravated assault, armed robbery, forcible rape, and murder) accounted for 3.3 percent of such juvenile arrests in 1975, an increase of 200 percent since 1964.[9]

SUMMARY

Over the past 25 years, profound changes have occurred in the institution bearing primary responsibility for the care and development of the nation's children—the American family. The general trend reveals progressive changes in and fragmentation of the family. Two of the major indices of this trend are the increasing number of mothers who have gone to work and the decreasing number of adults in the home. Today, more than half of the mothers with school-age children and more than one-third of those with children under 6 are working; two-thirds of these mothers are working full time.

The number of adults in the home who can care for children has been steadily decreasing. Chief among the departing adults has been one of the parents, usually the father, so that today one in every six children under 18 is living in a single-parent family. Often this arrangement is not temporary, since the national remarriage rate for divorced persons, especially women, is substantially lower than the rate of divorce and separation for families with children. A significant component of the growth of single-parent families has been a sharp rise in the number of unmarried mothers; more young women are postponing marriage, but some of them are having children. All these changes are taking place more rapidly among families with younger children and younger parents.

Both the degree and the rate of family disruption increase with the degree of economic deprivation and urbanization, reaching their maximums among low-income families living in central cities. Although levels of labor force participation, single parenthood, and other related variables are substantially higher for blacks than for whites, white families in similar economic and social settings show similar levels. The critical factor thus appears to be not race but the conditions in which the family lives.

Concomitant and consistent with changes in the structure of the family are changes in indices reflecting the well-being and development of children. Children growing up in low-income families are particularly susceptible to physical, intellectual, emotional, and social damage. Declining academic performance and rising rates of juvenile crime provide partial evidence of the effect of these changes.

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[9] The numbers above are based on the *Uniform Crime Reports for the United States*, published annually by the Federal Bureau of Investigation. Only offenses that are detected and prosecuted are indexed.

The data presented reflect the destructive effect of economic deprivation on both families and children. Variation in income is a critical factor in accounting for the striking differences in the state of families and their children in different segments of American society.

Although income is crucial to understanding cross-sectional differences, the data indicate that income, by itself, cannot explain the profound longitudinal changes that have been taking place over the past 25 years. The most powerful evidence for this conclusion comes from census data on trends in family income over the past 25 years. Even after adjustment for inflation, family income has been rising steadily (at least through 1974) for both black and white families. Thus, there has been a decline in the percentage of children in families with incomes below the poverty line: 27 percent in 1959, 15 percent in 1968, and 14 percent in 1973; in 1974, however, the percentage increased to 15.5 (*CPR* 1976, P-60, No. 102, Table 7).

Social conditions such as the absence of one parent have been shown to exacerbate the impact of poverty. For example, reported child abuse is far more common in poor than in middle-class or low-income homes and is more likely in single-parent than in two-parent families, especially when the mother is under 25 years of age (Gil 1970).

Finally, studies of child socialization and development in other cultures (Berfenstam and William-Olsson 1974, Bronfenbrenner 1970, David and Lezine 1975, Devereux et al. 1969, Hermann and Komlosi 1973, Kessen 1975, Liegle 1975, Lüscher et al. 1973, Kellmer-Pringle and Naidoo 1975, Robinson et al. 1973, Rodgers 1971) point to a distinctive feature of child rearing in America and Western Europe: segregation, not by race or social class, but by age. Increasingly, children in America are living and growing up in relative isolation from persons older or younger than themselves (Coleman et al. 1974). Altering this trend will require changes in American family life-styles and institutions, both public and private, to bring children and adults back into each other's lives.

The remainder of this report is devoted to a more detailed examination of the major causes and consequences of the changes described above, along with recommendations for national policies that will strengthen the family in America. We turn first to the critical issue of family economic resources.

TECHNICAL NOTES: SOURCES OF DATA FOR FIGURES 1–16

FIGURE 1

Data on the labor force participation of women by marital status and age of children are published in two serials. *Current Population Reports* 1955, P-50, No. 62, Table D, contains data from 1948–1955. The annual issues of *Special Labor Force Reports* contain data from 1956 to 1975. They were originally entitled "Marital and Family Characteristics of Workers"; in 1971 they were renamed "Marital and Family Characteristics of the Labor Force." When rates were not published for particular age-groups, they were calculated from frequency data, which were invariably cited.

FIGURE 2

Percentages of families living with a relative as head were calculated from two sets of figures reported annually in the U.S. Census reports. "Household and Family Characteristics" in *Current Population Reports*, Series P-20, lists (a) the number of families (defined as two or more related persons, including children, living together) and (b) the number of subfamilies (a married couple or single parent with one or more children living with a relative who is the head of the family). The figure in (b) constitutes the numerator for the percentage; the sum of (a) and (b) is the denominator. The proportion represents a minimum estimate, since it does not include families in which an adult relative besides a parent is present but the parent is the family head. Since 1968, information has been provided as to whether or not the relative serving as family head was the grandparent; this was the case in more than 80 percent of all instances.

FIGURE 3

The number of families with children is published annually in a U.S. Census report entitled "Household and Family Characteristics" in *Current Population Reports*, Series P-20. The U.S. Census defines as members of the same family all persons related to the family head; thus parents and children living with a relative as family head are not counted as separate families. In order to calculate the number of families consisting of one or two parents and their children (a family in the usual sense of the term), it was necessary to combine two figures published in separate tables in the census report: (a) parents who were family heads and parents in subfamilies and (b) married couples or single parents with one or more children living with a relative who is the head of the family. The number of single-parent families was then obtained by subtracting the number of husband–wife families with children from the total number of families with children.

The percentages shown in Figure 3 were calculated by taking the total number of single parents with children of a given age and dividing it by the total of all single-parent families and all two-parent families regardless of whether or not the parent was a family head. The percentage of single-parent families was slightly but consistently greater than the percentage of children living in such families. For example, in 1975, the percentage of all children under 18 who were living in single-parent families was 17.1; the corresponding proportion of single-parent families to all families with children under 18 was 18.2. The data are graphed in terms of the percentage of families rather than children because information about the latter is available only since 1968.

FIGURE 4

Data on the number of divorces and on the number of children involved in divorce appear annually in the issue of the *Monthly Vital Statistics Reports* entitled "Final Divorce Statistics (year)," published by the National Center for Health Statistics. No data are published on the number of children involved in remarriage of divorced persons; these figures were estimated using the calculation described below.

X_1 = yearly number of remarried divorced persons in the Marriage Registration Area. (The Area covers 80 percent of the marriages registered in the United States.) This information is published annually in the issue of the *Monthly Vital Statistics Reports* entitled "Final Marriage Statistics (year)."

X_2 = the annual total of all women marrying in the Marriage Registration Area (minus the number of those not stating if previously married, widowed, or divorced). These figures are published in the same source as above.

X_3 = the total number of marriages in the United States, also published in the above source.

X_4 = the average number of children per divorce, published annually in the issue of the *Monthly Vital Statistics Reports* entitled "Final Divorce Statistics (year)."

The number of children involved in remarriage of divorced parents annually was then estimated as follows:

$$X = \frac{X_1 \cdot X_3 \cdot X_4}{X_2}$$

The above estimation procedure is based on two assumptions:

1. For any given year, the number of children involved in remarriage of a divorced parent is equal to the average number of children involved in a divorce during that same year. This assumption probably results in an overestimate of the number of children involved in the remarriage of a divorced parent, since the number of children involved in divorce has been increasing over the years. For example, the average number of children involved in a 1974 remarriage of a divorced mother is probably smaller than the average number of children involved in a divorce taking place in 1974. As a result, the estimate of the number of children involved annually in remarriages of divorced persons is probably too high.

2. The small number of children of mothers who were not awarded custody of the children at the time of divorce is equal to the number of children of fathers who were awarded custody. This assumption does not seem unreasonable, since the two principal possible sources of error are not great and are likely to compensate each other: on one hand, since the number of men who remarry tends to be somewhat greater than the number of women, this tendency, if it applied to fathers as well, would tend to increase the number of children of remarrying divorced fathers having custody compared to children of mothers in a similar situation; on the other hand, the number of children cared for by a divorced father is likely to be smaller than the corresponding figure for a divorced mother, which would tend to decrease the number of children involved in remarriages of divorced fathers.

Overall, since the second assumption is more likely than the first, the lowest curve in Figure 4 probably overestimates the number of children involved in the remarriage of a divorced parent.

FIGURE 5

The illegitimacy statistics from 1948–1969 are published in U.S. Department of Health, Education, and Welfare (1969) *Vital Statistics of the United States*, Vol. 1, Natality, Washington, D.C.: U.S. Department of Health, Education, and Welfare, Tables 1-29 and 1-30. Subsequent data are published annually in the issue of the *Monthly Vital Statistics Reports* entitled "Final Natality Statistics (year)."

FIGURE 6

The proportion of one-parent families with children under 6, classified by age of family head, was calculated from the annual issue of *Current Population Reports*, Series P-20, entitled "Household and Family Characteristics." It should be recognized that the number of such single-parent family heads does not include all such single-parent families, since a single parent living in a family headed by a relative does not constitute a separate family as the latter term is defined by the census. The same consideration applies to two parents and their children living in a family with a relative as head; they also are not counted as a separate family in the census.

The percentages shown in Figure 6 are necessarily based on the census definition, since a breakdown by age of parent was not available over an extended period for what the census calls "subfamilies," those families living with a relative as head. The percentage of single-parent families among such subfamilies is consistently higher than for those in which the parent is the family head. For example, in 1975, the proportion of all subfamilies that included a single parent was 75 percent, compared with 16 percent in families headed by a parent. As a result, the absolute percentages shown in Figure 6 represent a consistent underestimate of 2 to 3 percent for the total population of single-parent families in the ordinary sense of that term, as distinguished from the census definition, in which the parent is counted only if he or she is the family head or married to the head.

FIGURE 7

Data on family income are published annually in the issue of the *Current Population Reports*, Series P-60, entitled "Consumer Income." The figures cited are for families as defined by the census; parents and children living with a relative as head are not counted as separate families. The data for Figure 7 were computed from an annual tabulation entitled "Age of Own Children—Families by Total Money Income in (year), by Age of Head and Type of Family."

FIGURE 8

The data for Figure 8 were obtained from the annual report entitled "Household and Family Characteristics" in the *Current Population Reports*, Series P-20. The pertinent table is entitled "Characteristics of Families by Years of School Completed by Head, by Type and Age of Head." The number of single-parent families was obtained by subtracting the number of husband–wife families from total families.

FIGURE 9

The percentages of female-headed families with children under 6 by place of residence were computed from the data on residence published in "Household and Family Characteristics," an annual issue of *Current Population Reports*, Series P-20. The relevant tables were those entitled "Characteristics of Husband–Wife Families" and "Characteristics of Families with Female Head." The percentages were calculated by taking entries from the latter table as the numerator and the sum of entries from both tables as the denominator.

FIGURES 10, 11, AND 12

Data on the distribution of single-parent families by race, income, and type of residence are published in "Social and Economic Characteristics of the Population in Metropolitan and Nonmetropolitan Areas: 1960–1970," *Current Population Reports*, Series P-23, No. 37, Table 10.

FIGURES 13 AND 14

Data appear in "Household and Family Characteristics: March 1975," *Current Population Reports*, Series P-20, No. 291.

FIGURE 15

Data provided courtesy of the Educational Testing Service, Princeton, New Jersey.

FIGURE 16

Data for the years 1957–1973 appear in *Juvenile Court Statistics 1973*, publication no. OHD/OYD 75-2604, published by the U.S. Department of Health, Education, and Welfare. Data for 1974 were prepared and supplied courtesy of the National Center for Juvenile Justice, 3900 Forbes Avenue, Pittsburgh, Pennsylvania 15260.

3 Family Economic Resources

All children have basic requirements for food, clothing, and shelter; in order to achieve their greatest potential, they need health, education, and a stable and rewarding home environment. All families—rich and poor—share many problems in raising their children. Both rich and poor children may be born with mental and physical handicaps; both may become sick; both may be exposed to drugs and delinquency; both risk emotional deprivation and disturbance.

However, there is an obvious difference between the poor and the non-poor: a difference in the availability of financial resources to provide the basic necessities and to cope with problems. Among preschool children, one in six lives in a family below the poverty line, and another one in eight lives in a family barely above it. Thus, nearly 30 percent of America's youngest children live in families whose ability to rear them is severely crippled by the lack of money. At least another 5 percent of all preschool children have parents who have slightly higher income levels only by spending so much time and energy in work outside the home that their children are deprived of vital human attention from their parents—a response to economic pressure that may be as harmful to children as low income.

What are the consequences of a lack of adequate family economic resources for child development? The Coleman (1966) report, the Jencks et al. (1972) study, and many other studies confirm that children entering school from the groups of lowest socioeconomic status are most likely to have low cognitive development and poor health and are less able in general to cope with school. There are two possible explanations for this correlation: one is simply that poor families do not have enough money to provide adequately for their children; the other is that poor people share some set of characteristics that make them both poor and incapable of providing a proper developmental environment for their children. As more is learned about the characteristics of the poor, the first explanation appears to be correct. Research evidence indicates that the poor do not differ from the non-poor in personality, character, and aspirations as much as has been assumed (see, for example, Banfield 1970). The "culture of poverty" as an explanatory hypothesis becomes increasingly less convincing as the evidence accumulates.

The U.S. President's Commission on Income Maintenance (1969), for example, examined the proposition that the poor are so because they are lazy. It found, to the contrary, that the vast majority of the poor are struggling to earn as much as they can and to use it as wisely as possible to secure the same kind of life most Americans desire. Many show an ingenuity in maintaining social and cultural standards that borders on the miraculous. But when families have less than 20 percent as much money income available as most people, they cannot achieve the same results. After giving the matter considerable study through statistical analyses and face-to-face interviews, the Income Maintenance Commission concluded that the poor are different from the non-poor mainly in having less money and proceeded from that conclusion to a vigorous recommendation for direct income redistribution.

A study (Goodwin 1972) of the work orientation of the poor presents impressive evidence that the poor and their children identify their self-esteem with work as strongly as do the non-poor; it also found no differences in either their expressed willingness to enter job training or their life goals. A difference did appear in the confidence they had in their ability to succeed in the world of work; failure, by society's standards, had the expected impact:

> Women who find welfare most acceptable tend to show the lowest work activity. The data also indicate, however, that ratings on this orientation are sensitive to encounters in the work world. Women in the Work Incentive Program (WIN) who were terminated from it without jobs—who experienced another failure in the work world—showed a marked increase in the acceptance of welfare score over their score when they entered WIN, demonstrating that the concrete experience of failure directly and negatively influenced this work orientation.

The main findings of the income maintenance experiments have been reported (U.S. Department of Health, Education, and Welfare 1973).

Aimed at examining the consequences of negative income tax benefits for working poor urban families, the experiments' results generally support the view that families receiving benefits behave much as other families at comparable income and educational levels. Modest income subsidies had an almost undetectable effect on the work and earnings of the primary breadwinner; in no sense was there a drastic response in work or spending habits.

Income transfers could affect family stability and childbearing, but the direction and magnitude of the effects are not clear from theory, and empirical analyses have yet to conclusively estimate them. With regard to family stability, it appears that some families endure substantial (and sometimes violent) conflict between spouses simply because they cannot afford to maintain separate households. Transfer policies (or employment opportunities) making it more feasible for one parent to live and rear children apart from the other parent may lead in such cases to more divorces and separations, at least in the short run. If this were the only effect of family income transfers, they would reduce the number of two-parent families, while possibly enhancing the quality of the human environment in which children are reared.[1] However, economic deprivation and insecurity may also affect the amount of stress and conflict between parents. Policies that provide minimal levels and security of income may improve the chances that a two-parent family will remain a suitably warm and nurturing environment for children. Because of these opposite effects of income on divorce and separation (the most available indicator), it is not easy to forecast or estimate the net effect of income transfers on family stability or the number of one-parent families. (Remarriage is also affected in complex ways.) In general, there is little basis for expecting transfers to have an adverse effect on children by increasing family instability.

A somewhat peripheral but related topic is the effect of transfers on number of births. It is clear that with higher and more secure family incomes families receiving benefits would be able to afford more children if the "cost" per child remained the same. But this tendency is offset by desires for "higher quality" children, attained by spending more time and money on each child. The net result in the aggregate over the last century in this country has been a decrease in the number of births as income has increased. The French experience with policies to encourage fertility by means of child allowances suggests that income subsidies do not easily generate demand for greater numbers of children. While the evidence is not strong, the arguments for decreased childbearing are almost as persuasive as those for some increase. There is no compelling reason for or evidence of any drastic change in childbearing patterns as a result of moderate and carefully designed income transfers.[2]

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[1] See Ross and Sawhill (1975) on the absence of adverse effects of single-parent families.

In another study, more directly relevant to the rearing of children, Erlanger (1974) analyzed the use of corporal punishment in child rearing. Erlanger found that parents of low socioeconomic status have similar attitudes to those of middle and high socioeconomic status toward the use of spanking. Characterizations of the poor as different in their child-rearing practices have been found to be primarily the result of generalizations based on small differences or on a small minority of extreme instances. The findings also suggest that the extreme instances are largely the product of structural factors—that is, factors that would be susceptible to change if the poor had greater financial and educational resources and more control over their destiny.

The above studies address the major point of concern only indirectly: there is increasing evidence that many of the differences between the poor and non-poor would disappear if the poor had more money and other material resources. What has not been completely established is the effect of increasing family resources on the welfare of children. From available research, however, it is reasonable to infer that the school performance, health, and cognitive development of poor children would probably be significantly improved by more favorable economic circumstances and a generally higher standard of living, which children share with their parents. Therefore, in spite of the lack of firm scientific evidence on this question, and in the light of the reasonable assertion that none of the other recommendations of this report will help children if families are not in a financial position to allow them to exert some control over their destiny, we find that some means must be found to increase the financial resources available to the poorest families in America.

The Committee concludes, therefore, that an essential component of social policy to enhance child development—a necessary though not sufficient condition—is to ensure that every American family has an income sufficient to enable parents to provide the basic necessities for their children. It is not within our scope to propose a long-term program to achieve equitable income or wealth distribution and to predict the full social and individual consequences of such a program. From the perspective of families with children, however, a modest degree of additional income redistribution, as specified below, is essential to provide them with basic economic security and to enable them to use other community resources.

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[2] For empirical evidence on the income/fertility relationship, see Schultz (1975) and Hutchins (1976).

THE HANDICAP FACING THE POOR

It is useful to underscore here the severity of the handicap facing poor families.[3] As Table 1 shows, the poorest 20 percent of American families receive just over 5 percent of the total money income going to families. (Money income includes cash transfer payments but does not account for tax payments.) By contrast, the middle 20 percent receive 17.6 percent of the total. The average family in the lowest fifth would have to more than triple its income to achieve the income level of the middle 20 percent of the population. And that middle group is certainly not affluent. Those families are close to the spending level that the Department of Labor has calculated as the Intermediate Budget, which allows little room for frills and luxuries; they face many difficult choices and feel real limitations in providing for their children as adequately as they would like to. Yet the average family in the lowest fifth has only about a third of even that limited budget, and many have less. To contrast further, the top 5 percent of families receive more than 15 percent of family income—three times the share of the entire 20 percent at the lower end (not shown). It is estimated that approximately 5 million children under 6 live in families receiving less than half the median family income (see Table 3).

These facts about income distribution are not new, nor have they

TABLE 1 Distribution of Aggregate Family Income

Distribution of Families	Percent of Total Money Income Received
Highest fifth	41.0
Fourth fifth	24.1
Middle fifth	17.6
Second fifth	12.0
Lowest fifth	5.4

SOURCE: Bureau of the Census, *Current Population Reports*, Consumer Income, Series P-60, No. 101, Money Income in 1974 in Families and Persons in the U.S., January 1976.

NOTE: See Smeeding (1975) for a discussion of underreporting bias in these numbers and an estimated income distribution that adjusts for underreporting.

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[3] Reported data are for families and unrelated individuals, unless otherwise stated.

been changing very rapidly.[4] It is possible to argue that in the long run there has been a weak tendency for the before-tax distribution of income to become more equal, but recent trends in tax policies (up to the 1975 tax legislation) have caused the after-tax distribution to become less equal.

HOW LOW INCOMES CAN BE RAISED

There are three basic economic means for raising incomes: (a) increased levels of activity in the economy to reduce unemployment and draw more family members into the labor force, (b) public employment and training programs for the low-skilled and hard-to-employ, and (c) direct redistribution of income.

Full, stable employment is effective in raising the incomes of the poor. It could be claimed that tight labor markets provided most of what little progress the poor made in the 1960s. However, when the nation's attention shifts to combating inflation, as it did in the early 1970s, a policy of avoiding tight labor markets dissipates that progress. To illustrate, between 1961 and 1969 the real rate of economic growth averaged 4.6 percent annually, while the number of families below the poverty level decreased by 40 percent. Subsequently, from 1969 to 1974, the real rate of growth averaged 2.3 percent, and there was no decrease of the number of families below the poverty level.

Current high rates of unemployment, combined with underemployment and withdrawals of discouraged workers from the labor market, represent a waste of human resources that is deplorable from many points of view. In the Committee's view, children whose parents cannot work and earn as much as they are willing and able to inherit a legacy of narrowed opportunities and foreshortened aspirations—a consequence that doubles their ultimate loss. It is reasonable to assume that achievement of full employment would benefit many families and children. We recognize, however, that this goal is difficult to attain, and alternative programs to achieve it—perhaps leading to a high rate of inflation—may have effects on families and children that have not been fully assessed. Further, there will always be some persons, including parents, who will not be able to work full time at a wage that would place them above the poverty level, because work is physically or psychologically impossible for some and because complete elimination of low-paying jobs and unemployment is impractical. The Committee therefore concludes that, although a policy of full employment is a worthy goal, it is not alone an adequate response to current or future family needs for economic security.

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[4] Changes in some of the underlying factors are discussed in Rivlin (1974). See Plotnick and Skidmore (1975) for a review of progress made in reducing poverty over the 1964–1974 decade. It has been argued (Paglin 1975) that estimates of inequality are overstated because of the failure to adjust the distribution of annual incomes for the age profile of the population.

Public employment programs (including wage subsidies) aimed at increasing demand differentially for low-wage or low-skilled workers can provide some security for breadwinners in poorer families. However, these programs at best distribute the impact of high unemployment rates.

Similarly, efforts to enhance the productivity of the lowest paid with education, training, and information can in the long run reduce the handicap of insufficient earning power. But achieving that earning power depends first on full employment and second on developing and carrying out effective programs (the early record on job-training programs is not good) before any impact on income distribution can be felt. There is, in short, very little chance that substantial improvements in the relative living standards of poor children will come from public employment or job-training programs in the foreseeable future. Accordingly, it is necessary to examine direct redistribution of income as a means of ensuring economic security for families with children.

REDISTRIBUTIONAL EFFECTS OF SOCIAL WELFARE EXPENDITURES

Many social welfare programs, some of which have enjoyed wide political support for decades, have redistributional effects, in that the net proceeds received by the poor exceed the amounts paid through taxes.

A recent study by Pechman and Okner (1974) of the Brookings Institution concludes that, for the middle 90 percent of the population, total taxes as a fraction of gross income is almost a constant 20–25 percent of income. (The very poor and the very rich pay a higher percentage.) Hence we can regard the overall tax system as it affects all families as approximately proportional to income—neither regressive nor progressive.

Social welfare expenditures at all levels of government were $239 billion in 1974, or over $1,100 per capita (Skolnick and Dales 1976). These benefits are distributed in various ways over the entire population: some go mainly to the aged, educational spending benefits families with children, and some are directed toward poor families. In total, however, the lower-income groups receive more than the higher-income groups but pay substantially less.

This combination of proportional taxes and somewhat "pro-poor" benefits provides a substantial redistribution of income and resources. About $122 billion of 1974 social welfare spending was in the form of cash benefits; a rough estimate is that 45 percent of the total ($55 billion) went to the poor and that in 1972 almost 8 million households rose above the poverty level by means of cash transfers (Plotnick and Skidmore 1975). Furthermore, social welfare expenditures increased from under $300 per capita in 1955 to over $1,100 in 1974 (in 1974 dollars); as a share of the gross national product, such spending more than doubled—from 8.6 percent to 17.7 percent.

To date relatively little of the redistributed cash benefits have gone to working poor families with children. Such families have benefited from educational programs and school lunch programs, but these are among the least rapidly growing of the social welfare programs. In other words, while redistribution has been practiced on a large and growing scale, the groups toward which it is directed exclude millions of children in poor and near-poor families, leaving them drastically disadvantaged in pursuing the opportunities available in our society.

PROPOSED GOAL FOR FAMILY SUPPORT THROUGH INCOME MAINTENANCE

A reasonable and feasible goal for family income support that would enhance the development opportunities of one-third of our nation's children can be stated as follows: No child should be deprived of access to a family living standard lower than half of the median family income level (after tax) for a substantial period of his or her childhood and family income should not fall below the government-defined poverty level even for shorter periods. (As of 1974, the median income for a two-parent family with two children was $14,327; the poverty level for a non-farm family of four was $5,038.) It can be shown that achievement of this goal would increase the share of money income going to the poorest 20 percent of families from the current 5.1 percent to approximately 10 percent (Watts and Peck 1975).

The Committee has no specific program to propose for achieving redistribution of income. We note, as others before us have argued, that any plan should leave in place substantial differences in income to provide the motivation and incentives upon which our society relies for its vigor and innovative capacity. In thinking about goals and possibilities for reducing the inequality of the distribution of income, it is necessary to keep in mind that not just the poorest 20 percent of families would benefit from help; the next 20 percent receive only 12 percent of total money income, and a redistribution program should raise their income—on a graduated scale—along with that of the lowest fifth. This would be necessary both to maintain a substantial degree of incentive and to ensure a fair sharing of the rewards of individual efforts for those in each stratum of income.

Any approach to the proposed goal should avoid the high or confiscatory rates of (explicit or implicit) taxation in any income stratum that nullify incentives for effort and self-improvement. In particular, the "overtaking" of middle-income groups by poor groups, which offends widely shared conceptions of fairness, should be avoided. Both equity and preservation of incentives argue against seeking absolute equality of income.

Similarly, it is necessary to review carefully the equity and incentive implications of categorically defined redistributional policies. While our immediate concern is with improving the development of children, a policy that would achieve the proposed goal by exclusive benefits to families with children would seem unfair to poor but childless families and might place a bounty on producing children in order to qualify for assistance.

Extensive public debate has taken place and considerable research has been done (U.S. Congress, Joint Economic Committee 1972) on the various methods of redistributing income. While we are not recommending a specific means of achieving income redistribution, we believe that some form of tax credit/negative income tax strategy—as adopted on a small scale in the 1975 tax reform bill—is promising. Whatever specific plan is adopted should be integrated in a taxation system that is applicable to the entire population and does not stigmatize the recipients of support by labeling them; nor should it impose eligibility requirements that will induce socially undesirable behavior, such as deliberately disrupting families. While income tests for social services supplied on sliding fee scales will be necessary in some cases, we believe that such tests should be used as infrequently as possible or applied in a non-stigmatizing fashion that does not separate the poor from the rest of society. A tax-based strategy may also reduce substantially the number of workers needed to certify persons for benefits.

PUBLIC PROVISION OF SERVICES FOR FAMILIES

This chapter argues that the best way to improve the chances for maximum development of all America's children is economic support of families. To this end, there is every reason to press for full employment and improvement of the earning power of all workers, which can reduce the number of families requiring additional support. Beyond these goals, however, there is need for a system of a guaranteed minimum income to bring poor families—in which nearly one-sixth of America's children live—within striking distance of the income levels of the majority.

The emphasis in this chapter on income support must not be taken for an argument that it would in itself be enough to achieve what we regard as reasonable goals for our nation's children. It is rather that nothing else will work very well without it. If the family—the front-line institution in child development—is not enabled to use all its considerable strength, the task of raising children is too big and too difficult for any forces outside the family to cope with. The amount of income support for low-income families proposed above would enable specialized agencies to concentrate on those children and families (largely without regard to income level) with special needs.

The next three chapters focus on three major services—health care, child care, and special services—in which public policies can and must play a major role in implementing a national policy for child development resting on the basic premise that families should continue to have primary responsibility for their children. Such services are needed on a regular basis by children and families in special circumstances and, from time to time, by virtually all children and families.

4

The Health and Health Care of Children

Vigorous debate in the past decade has centered on federal policies for health and health care. Elements of this debate include the relative contributions of medical care, environmental factors, and social conditions to health and well-being, along with the proper financing and organizing of health care delivery systems. Acknowledging that health care delivery systems and health care policies are designed with all age-groups in mind, this report emphasizes the special needs of young children.

Any effective system of health care delivery for children must recognize two important factors: the role of the family as the focal point of child health care and the relationship between poverty and health. Because the family is primarily responsible for child rearing in the United States, the prevention of social, psychological, and physical illness in children is best accomplished in the family context. Prevention of illness for children should include the promotion of good health for adults in the family, because, when adult family members suffer from ill health, the needs of children are often neglected (see Vaughan and Brazelton 1976, Hechinger and Hechinger 1975, Haggerty et al. 1975).

The nation's considerable technical progress in preventing or con-

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NOTE: Appreciation is expressed to Eli Newberger and Carolyn Newberger for their help in developing background material for this chapter. A more comprehensive presentation appears in the Milbank Memorial Fund Quarterly, Summer 1976.

trolling many organic illnesses, infectious diseases, immunological disorders, malnutrition, and some forms of cancer is not reaching all children. Large groups of children in this country, predominantly the poor, blacks, Chicanos, native Americans, and members of other minority groups, are not adequately served by the health care system. No system for health care per se can solve the problem of poverty, but universally available, adequate health care can often reduce ill health and its effects that prevent children from realizing their potentialities (see Yerby 1966, James 1965, Harrington 1962).

An adequate health care policy for children must include: (a) proper integration of the health care delivery system with other services to families and children, such as nutrition programs, day care, early childhood education, and formal school programs; (b) access to health care services; (c) a primary commitment to preventive health care for all children; and (d) a greater emphasis on the mental health of children, both in the context of general child health care and through the inclusion of children in community mental health programs.

CHILDREN'S HEALTH

Indicators of the health of America's children are difficult to obtain. Much of the relevant literature focuses on infant mortality and its correlates, with the implicit assumption that many of these correlates are relevant to other measures of morbidity in children. Such other measures often used are the coverage of special health services, such as immunizations and screening programs (see Haggerty et al. 1975; U.S. Department of Health, Education, and Welfare 1975; National Council of Organizations for Children and Youth 1976, hereinafter referred to as Children and Youth 1976).

Perinatal Health

In 1975, 15 developed countries had infant mortality rates (infant deaths per 1,000 live births) lower than that of the United States (see U.S. Department of Health, Education, and Welfare 1976). More significantly, there are big disparities in infant mortality rates within this country: in 1973, the rate in the southeastern United States was 21.6, 45 percent higher than the rate in the Pacific states, which was 14.9; in Mississippi and the District of Columbia, approximately 25 babies die for every 1,000 born alive, infant mortality rates almost double that in Utah. For the nation as a whole, the infant mortality rate for nonwhites is double that for whites. These differences in infant mortality rates reflect social factors, such as poverty, ignorance, poor sanitation, and malnutrition of the mother, as well as inadequate medical care.

It is well known that premature birth and low birth weight are closely correlated with increased mortality, morbidity, and motor and intellectual handicaps in later years. Although the factors influencing the capacities of adult women to bear healthy children are not completely understood, pregnancy outcome, apart from other factors,[1] varies directly with the quality of the environment in which the prospective mother lives.

New York City health district data for 1966–1967 show that 97 percent of the variation in low birth weight among districts can be attributed to two factors: the percentage of mothers who received no prenatal care or received care only late in their pregnancy and the percentage of mothers who were unmarried at the time of delivery. The latter variable probably measures a combination of unwanted pregnancies and age at pregnancy, because females under 17, who have not yet finished growing themselves, generally have a higher risk of giving birth prematurely. The risk of prematurity, stillbirths, and neurological deficits is also increased by successive pregnancies closer than 2 years apart.

Thus, many mothers whose babies are at high risk are young women who give birth frequently. Improvement in the health care of these women, many of whom are poor, would probably produce the greatest overall improvement in the total number of successful, healthy pregnancies. The health care needs of this group are evident: good prenatal care and ready access to health facilities as well as family planning information and assistance.

An analysis (Institute of Medicine 1973) of infant deaths by maternal risk and health care was made of 142,017 live births registered in 1968 with the New York City Department of Health. Mothers were classified according to social and medical risk and according to medical care, both prenatal and at delivery. The proportion of low-birth-weight babies (live infants weighing 2,500 grams or less at birth), who account for a disproportionately large share of infant deaths, was three times higher for women with sociodemographic and medical–obstetric risk who received inadequate care than for women with no risk who received adequate care: 19.6 percent compared with 5.8 percent. Neonatal deaths increased from 6.7 per 1,000 live births for infants born to women with no risk to 17.4, 23.3, and 32.7 for infants born to women at sociodemographic, medical–obstetric, and combined social–medical risk, respectively. Within each group, adequate medical care significantly reduced infant mortality. The authors conclude that the New York City infant mortality rate of 21.9 could have been reduced as much as one-third (to 14.7) by providing adequate care to all pregnant women.

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[1] The effects of German measles and certain drugs like Thalidomide, which have effects on early fetal development, are well known. Such knowledge suggests caution against the use of many drugs during early pregnancy.

The ability to operate a targeted program effectively is demonstrated by the record of the Maternal and Infant Care Projects of the U.S. Department of Health, Education, and Welfare. In Denver, Birmingham (Alabama), and Omaha, the infant mortality rate fell dramatically: in Denver, from 34.2 in 1964 to 21.5 in 1969 for the 25 census tracts in the program's target area (Taylor 1975); in Birmingham, from 25.4 in 1965 to 14.3 in 1969; and in Omaha, from 33.4 in 1964 to 13.4 in 1969. These programs also significantly reduced the incidence of prematurity, repeated teenage pregnancy, the number of women who conceive after 35, and the number of families with more than four children.[2]

Despite this record, funds for these programs have provided services for only about 140,000 of an estimated 700,000 poor women eligible for such services. If the funds were increased to allow for inflation and to cover all poor mothers-to-be, the rate of infant survival would increase and the rate of premature birth and the developmental disabilities it causes would decline.

Child Development and Health

The social and medical factors affecting infant mortality also contribute to disparities in the incidence of marginal or recurrent illness among young children. These factors determine whether a child grows into a healthy adult or suffers developmental disability, resulting in personal and family suffering, direct financial burdens on the community, and, finally, the indirect costs of impaired functioning as an adult.

Change and vulnerability during a prolonged period of dependency are unique qualities of infancy and childhood. Because the plasticity of a child's nervous system is greater and resistance to infection is less than that of an adult, hazards to health and growth that are not identified and eliminated may adversely affect development.[3] To pro-

[2] The statistics on children and youth projects carried out under Title V of the Social Security Act are also impressive. Between 1968 and 1970 the percentage of program registrants who were hospitalized decreased from 7.7 to 4.1 percent. Furthermore, the proportion of children diagnosed as "well child" increased by one-fourth on reexaminations subsequent to the initial registration.

[3] Malnutrition in early life is known to threaten optimal development even though our present knowledge of the interplay between social and biological mechanisms by which this occurs is not complete (see Cravioto et al. 1969, Winick 1976).

mote the well-being of children, health services must emphasize preventive practices and the early identification and management of disorders that can impair development and affect adult life.

The risk of perinatal disabilities is not equally distributed among socioeconomic classes. Children born into poverty are more likely to incur that risk, and the later handicapping effects of that risk are inherent in the poverty of their homes. The potential of poor children to lead productive lives is thus reduced further in relation to middle- and upper-class children, for whom the dangers of perinatal risk can be more easily compensated during their growth (see Children and Youth 1976, U.S. White House Conference on Children 1970).

THE DELIVERY OF HEALTH CARE SERVICES TO CHILDREN

While perhaps two-thirds of American children receive adequate health care (Taylor 1975), for the other third—more than 20 million children—the health care system fails to provide adequate access to primary care, complete immunizations, and prompt and early treatment of disease (see Haggerty et al. 1975, Children and Youth 1976, U.S. White House Conference on Children 1970). These three health care services, the most important to the health and well-being of children, are the principal subjects of this discussion. We recognize, however, that a comprehensive health care policy requires consideration of other factors relevant to all individuals, including children.

For the more than 20 million poor children, health care services are provided, when at all, through a patchwork of categorical programs based on (a) age (maternal and child health, preschool, school, and adolescent health programs); (b) disease (cancer, cystic fibrosis, muscular dystrophy, mental retardation, mental illness, tuberculosis, venereal disease, etc.); (c) income eligibility (Medicaid, welfare, neighborhood health centers); (d) political jurisdiction (state and local health departments, Appalachian Regional Council); and (e) institutions (schools, university-affiliated medical centers, community hospitals and outpatient departments), as well as through the network of private physicians, group practices, and health agencies providing a wide variety of health services that may or may not be coordinated with other programs in the community.

Primary Care Services

It is generally agreed that there is a maldistribution of physicians in the medical specialties (Council on Pediatric Practice 1970). In fact, there is a shortage of doctors providing primary care (U.S. Congress, House

1971). Some areas of the country—predominantly rural and poor urban areas—suffer more than others from shortages of qualified primary care physicians (including pediatricians), other health service personnel, and necessary facilities. Despite an increase in the total number of physicians in relation to the population, the number providing patient care in office-based practice has decreased: from 1950 to 1969, the number decreased from 103 to 90 per 100,000 population. Also, because of insufficient primary care services, hospital emergency rooms have become overburdened by demands for services that they were not designed to deliver.

Physicians generally avoid areas of poverty. The Council on Pediatric Practice of the American Academy of Pediatrics points out that, under the current system of financing, a pediatrician practices where a sufficient number of parents can afford to pay for services (Council on Pediatric Practice 1970). Fear of personal violence, the difficulties of dealing with the complex social and emotional problems of families living in poverty, and the gross inadequacies of the needed support by municipal hospitals and other social services prevent doctors from choosing to practice in urban ghettos. Pediatricians who choose to work in such areas as a matter of conscience frequently leave after a short time. Some of the same reasons as well as the lack of cultural opportunities for the physicians and their families (Aldrich 1968) keep doctors from practicing in rural areas. The 1970 report of the Council on Pediatric Practice of the American Academy of Pediatrics notes that, in 1961, Boston and Brookline, Massachusetts, had "five times as many caretakers with offices based in the wealthiest census tracts as in the poorest census tracts."

The national supply of pediatricians, pediatric nurse/practitioners, pediatric associates, and other physician assistants might be adequate if the distribution were equitable. For example, prepaid health care systems such as the Kaiser-Permanente plan are delivering effective care with physician-population ratios considerably below those in many surburban areas of the country with more traditional care systems. Although for many years the delivery of health care to children has been solely the responsibility of the physician, several programs have demonstrated that many functions of health maintenance and illness intervention can be provided by allied health service personnel.

The fee-for-service system has not shown any marked capability either to correct the maldistribution of physicians or to improve their efficiency. In recent years, the number of medical school graduates has increased, but most have not gone into primary care or into understaffed areas. Voluntary commitments made by students in medical schools to serve where there are shortages do not provide a definitive solution. A national study of 16 state-sponsored, loan-forgiveness programs, in which medical students agreed to practice in rural communities in exchange for loans or scholarships, reports that almost half the graduates in the past 20 years preferred to return the borrowed money rather than fulfill their commitments (Winick 1976).

There are, however, some positive trends in the otherwise bleak picture of health care for children. Federal health manpower legislation is directing a shift toward training in family practice and other types of primary care practice. State legislatures are also trying to establish family medicine and primary care programs in health science centers. Specialty-certifying boards are critically reevaluating the employment requirements in their specialties and may begin to regulate the oversupply of physicians in some medical specialties. Large numbers of students are seeking training programs in primary care practice, and communities are expressing their interest in attracting primary care practitioners by providing more favorable circumstances and institutional arrangements (such as community health centers, medical center affiliations, National Health Service Corps).

Immunization

Immunization, an easily implemented element of well-child care, is a sine qua non of any health care policy for children (Children and Youth 1976). Diphtheria, measles, German measles, pertussis, poliomyelitis, and tetanus are preventable diseases. In 1962, Congress passed the Vaccination Assistance Act, providing for the vaccination of millions of children against a variety of diseases. That Act expired June 30, 1969; the 1970 Immunization Survey revealed that the number of children being immunized fell. The 1971 Immunization Survey demonstrated virtually no improvement over 1970 in the immunization status of poor children. Several outbreaks of diphtheria have occurred, as well as a major increase in the incidence of measles.

Outbreaks of poliomyelitis have also become possible. A survey in Syracuse, New York, showed that 55 percent of children 2–6 years old had no demonstrable antibodies to Type 1 polio virus, and that 62 percent were negative to one or more types, as compared with 21 percent in 1963 after an oral vaccine campaign. The population at risk was mainly the poor and preschool children. Most of the outbreaks in recent years have been concentrated in inner city areas.

The lack of adequate immunization is partly a problem of service delivery and partly one of funds. Following a nationwide measles epidemic, the fiscal 1972 budget included $13 million for immunizations, with $3 million earmarked for measles. Adequate funds for vaccination programs should be recognized as a continuing necessity and should be built into the basic budget for child health care services. Otherwise, thousands of children will become sick, some will be permanently handicapped, and others will die from readily preventable diseases. The level of immunization coverage should be considered an indicator of the extent to which children are receiving continuing adequate health services.

Screening

The current health care system encourages periodic examinations of infants in their first year; publicly supported clinics are generally available if private care is not. Examinations are again common when children enter school, at age 5 or 6. The children of the poor are likely to be ignored except in crisis situations during the intermediate years, even though Title XIX of the Social Security Act was amended in 1967 to make health screening mandatory for children eligible for Medicaid. The Developmental Disabilities Services and Facilities Construction Act (1970) and many state plans for implementation of that Act may help to identify children with handicaps. The Committee believes, however, that screening is a poor substitute for continual monitoring of the health of children. Adoption of a national health insurance program that finances comprehensive, universal child health services will virtually eliminate the need for screening programs targeted at specific population groups.

CONCLUSIONS AND RECOMMENDATIONS

There are two basic conclusions from this consideration of the health and health care of children: (a) good health in infants and children is crucial to their chances for healthy and productive lives, and (b) the most important improvements in the health of children are expected to come from improvements in the living circumstances of families and their children.

One of the major losses of human potential is developmental attrition resulting from adverse environmental circumstances in childhood, but morbidity and mortality statistics do not usually record it. Such developmental attrition often results in incomplete physiological and psychological growth so that children arrive at school at age 5 or 6 unprepared to take advantage of education opportunities. Other sections of this report emphasize the value of adequate income, the quality of human arrangements, and the availability and quality of instructions and services for children and families. Improved social and economic circumstances, rather than direct health services, can be expected to reduce infant mortality rates, enhance children's nutrition, and prevent problems such as child abuse and neglect, lead poisoning, rat bites, accidents, and poisonings. The Committee's recommendations for the health and health care of children follow.

Health care services should be accessible to every child. As the nation plans some form of national health insurance, major emphasis should be placed on a child and family health program providing health maintenance and preventive services and a system of accountability to ensure that services are of high quality and that child health indicators show the effectiveness of expenditures. Important elements of such a program are incentives to redirect a greater percentage of health care personnel into primary care activities and to encourage a better geographic distribution of such personnel. Specifically, it is recommended that: (a) certifying and accrediting agencies establish policies designed to meet national needs,[4] (b) financial and other incentives be provided through federal and state legislation for the education and training of personnel to meet child health needs, (c) financing mechanisms through national health insurance make appropriate allocations for child health services, and (d) both direct and indirect measures be taken to encourage the geographical redistribution of physicians. Finally, the health care system should also provide incentives for increased participation of pediatric associates, pediatric nurse/practitioners, primary care nurses, nurse-midwives, and other allied health personnel in the delivery of health care services to children.

Until a national health insurance program begins to have an impact on reducing infant mortality and improving children's health, the Maternal and Infant Care and the Children and Youth projects, the program for crippled children, the health services components of Head Start, and day care and other child care programs should be continued.

A national system should be established for continuous epidemiologic and demographic monitoring of children's health and for the evaluation of the effectiveness of child health care services. This system should use the very substantial experience of both governmental and private agencies and be coordinated with them. It should also be coordinated with the development of social and child health indicators.

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[4] For example, physicians could be given credit toward experience in family practice or pediatric specialty certification through service in the National Health Service Corps.

Children's health problems resulting from social causes should have a very high priority in research and demonstration efforts. The prevention of accidents, which are the leading cause of death in children over 1 year of age, may depend more on the design and function of cities than on biomedical research; research is needed on this subject. To prevent child abuse and neglect we need more knowledge, which is also dependent on social science research; solutions to the mental health problems of children must also rely upon additional social and behavioral science research. Little is known about how young children develop health care practices and attitudes that may have long-term influences on adult health. The establishment of dietary patterns, the antecedents of habituation to tobacco, alcohol, and drugs are not understood; thus programs for their prevention need more knowledge. Social science research must supplement biomedical research to reduce morbidity, mortality, and the conditions that limit the full development of children.

5

Child Care: Issues and Needs

The Committee is aware that the public policy issues surrounding child care are extraordinarily complex. Central to the debate are questions of whether public funds should be provided to support a national system of day care facilities for children of working (or non-working) parents and, if so, at what level, in what form, and under what conditions. Answers to these questions as well as the exploration of alternative child and family support policies must be based on estimates of needs, the costs of providing such services, assessments of benefits that would result from alternative uses of the same funds, the potential impact of such programs on families and children, and a variety of moral and political considerations that take such issues outside the realm of scientific inquiry. In addressing these issues, the Committee recognizes its own limitations, but we believe firmly that existing scientific knowledge about the fundamental processes of child development, along with evidence of existing needs of families and children, provides a sound basis for describing the elements of an adequate system of child care services.

Three basic principles, derived from both scientific and value considerations, underlie the following discussion:

- No child under the age of 6 should be deprived of the immediate care of one (or the only) willing parent simply because that parent has no choice but to work outside the home to enable the family to exist at a decent standard of living.

- Any national program addressed to the needs of children and their families for such services must give priority to those in greatest need.
- For parents who choose to work outside the home there should be a range of child care alternatives, from competent babysitters to highly developmental institutions or centers, and parents should be able to choose the kinds of services they feel best meet their children's needs at a cost that does not require the sacrifice of other essential goods and services.

The first principle leads to the Committee's recommendation for a guaranteed minimum income system (see Chapter 3) to ensure that all families have sufficient income for one or the only parent to choose not to work outside the home, without sacrifice to family or children. The remainder of this chapter is devoted to an examination of the implications of the second and third of these principles. This examination begins by looking at the present national child care picture.

SUBSTITUTE DAYTIME CARE OF CHILDREN

The day care debate of recent years has obscured two very relevant facts: (a) preschool programs (nursery and prekindergarten) are growing very rapidly and have far larger capacities than family day care and center day care combined, licensed and unlicensed, but data on daytime care do not include them; (b) given the various patterns of shift-work and the numbers of mothers working part time, family needs are being met by both preschool and day care programs. Center and family day care is either part-day or all-day (like Head Start programs), and preschool programs also offer both part-day and all-day care. Thus, looking at data about either type of care by itself gives an incomplete picture. Yet the tradition of ignoring preschool programs as part of the child care system is so strong that the sample surveys that have assembled facts about preschool programs have not investigated day care at the same time.

In 1974 there were approximately 1.3 million children in licensed or approved day care centers, Head Start programs, and family day care, and approximately 1.7 million children were in informal out-of-home care (Kamerman and Kahn 1976, p. 51). These were in addition to the 4.7 million children aged 3–5 who were in preschool programs, public prekindergarten or private nursery, three-quarters of which were part-day. This latter figure means (as shown in Table 2 and Figure 17) that preschool programs enrolled 79 percent of the 5-year-olds, 38 percent of the 4-year-olds, and 20 percent of the 3-year-olds in the

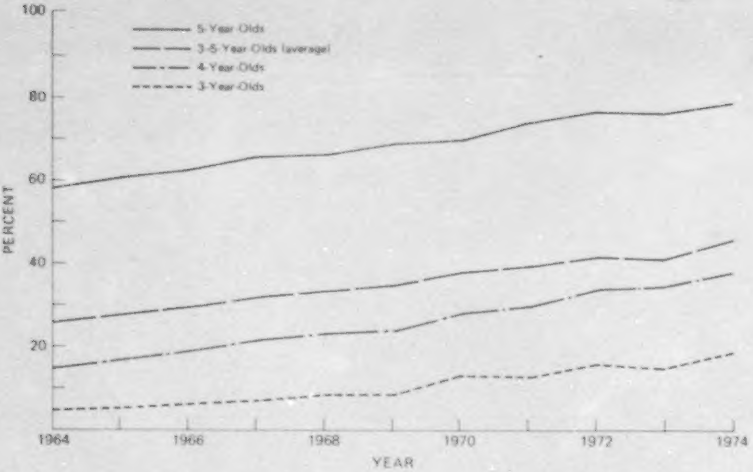

FIGURE 17 Percentage of 3- to 5-year-old children enrolled in nursery school and kindergarten, October 1964 to October 1974. SOURCE: U.S. Department of Commerce. (1974) *Nursery School and Kindergarten Enrollment: October 1973*. Series P-20, No. 268. Social and Economic Statistics Administration. Washington, D.C.: U.S. Bureau of the Census; 1974 data supplied courtesy of the Social and Economic Statistics Administration.

country.[1] Moreover, licensed and approved center and family day care provides a very limited part of the care for young children (especially for those under 3); relatives and siblings provide the majority of care. No one knows how many children, both under 3 and older, are left with neighbors on an informal basis. More than 1 million school-age children, and probably far more, have no formal care at all between the hours of school closing and parental return from work. These are the "latch key" children reported on in many surveys.

The Quality of Substitute Care

Qualitative assessments of substitute care are limited. Their scope is usually restricted to formal centers, a small part of the daytime substitute care of children. They do not include licensed family day

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[1] Data on American preschool programs should be considered in the context of evidence that industrialized European countries are rapidly moving toward policies of guaranteed preschool care for children from age 3 to compulsory school age. In France there is even substantial care for 2-year-olds (Kamerman 1975).

TABLE 2 Number and Percentage of 3- to 5-Year-Old Children Enrolled in Nursery School and Kindergarten, October 1964 to October 1974

Year	Total Children 3 to 5 Years Old	Enrolled in Nursery School and Kindergarten	
		Number	Percent
1974	10,393,000	4,699,000	45.2
1973	10,344,000	4,234,000	40.9
1972	10,166,000	4,231,000	41.6
1971	10,610,000	4,148,000	39.1
1970	10,949,000	4,104,000	37.5
1969	11,424,000	3,949,000	34.6
1968	11,905,000	3,928,000	33.0
1967	12,242,000	3,868,000	31.6
1966	12,486,000	3,674,000	29.4
1965	12,549,000	3,407,000	27.1
1964	12,496,000	3,187,000	25.5

SOURCE: U.S. Department of Commerce. (1974) *Nursery School and Kindergarten Enrollment: October 1973.* Series P-20, No. 268. Social and Economic Statistics Administration. Washington, D.C.: U.S. Bureau of the Census. 1974 data supplied courtesy of the Social and Economic Statistics Administration.

care, unlicensed center care, or the vast amount of informal care; nor do they cover the greater part of daytime care—prekindergartens and nursery schools.

We are thus limited in our report. One study (Keyserling 1972) combines quantitative and qualitative data on day care centers and family day care homes. About 11 percent of all licensed centers operated on a nonprofit basis were classified as "poor" in quality, 51 percent as "fair," 28 percent as "good," and 9 percent as "superior." The figures for proprietary centers that are conducted for profit were even less favorable: 50 percent were classified "poor," 35 percent "fair," 14 percent "good," and only 1 percent "superior." The picture for licensed family day care homes was somewhat better: 14 percent were classified "poor," 48 percent "fair," 31 percent "good," and 7 percent "superior." These figures do not effectively describe the conditions under which many children spend the day, particularly those in facilities rated "poor" (Keyserling 1972, pp. 135–136):

> . . . seven or eight children, one year old or under . . . most were strapped to kitchen chairs, all seemingly in a stupor.
>
> . . . over twenty children huddled in a too small, poorly ventilated, cement floor area.

> **Mrs. ____ takes care of two families—six children—which the Bureau of Children's Services subsidizes. The other children (41, for a total of 47 children) . . .**
>
> **. . . [the babies] were kept in "cages"—cribs of double-decker cardboard—in one room with open gas heaters.**

In describing such child care facilities and arrangements, it is not the Committee's intention to suggest that all children of working parents are poorly cared for or that all existing institutions for the provision of child care are inadequate. On the contrary, evidence suggests that a substantial majority of families prefer informal cooperative arrangements with neighbors, relatives, and friends, and that many children receive adequate care (Stanford Research Institute 1975). At the same time, however, the problems of substandard care and the lack of both coordination and uniform standards place an enormous burden on parents in need of daytime care for their children. In addition, there is a problem of cost.

The Cost of Substitute Care

The current cost of care outside the home that meets generally agreed upon minimum standards is prohibitive for a sizable number of families with working parents and children under 6. The cost of services of publicly funded centers meeting the Federal Interagency Day Care Requirements of 1968 now averages around $35 to $40 a week for full-day care in many parts of the country and is much higher in some cities. The costs of proprietary centers vary widely in urban areas; they tend to average about $25 to $30 per week, but few at that price meet the federal standards. Those that meet them are reported to charge, in many cases, $40 to $50 a week or more. Fees of day care homes average somewhat less than those of centers but not much less when the services provided are of comparable quality.

THE EFFECTS OF SUBSTITUTE CARE

The effects of day care on children under 6 has been a subject of considerable controversy for several decades. Earlier widespread beliefs that any alternative to the care of very young children at home by their parents (i.e., mothers) may be harmful have been challenged, and a considerably more complex view of the conditions that promote optimum growth and development of children during the first few years of life has evolved. Evidence is accumulating—in the form of increasing rates of reported child abuse—that the parental home is not always the warm, loving, and supportive environment that it is supposed to be. There is growing recognition of the importance of both cognitive and emotional stimulation during infancy and many people now realize that a number of well-intentioned parents are unable, for one reason or another, to provide such an environment for their children. More and more women are expressing the need to be relieved, at least part of the time, of their child care responsibilities. Wider experience with a variety of substitute care in this country and abroad indicates little, if any, deleterious impact of such care on children.

While there have been many large-scale surveys of day care that is conducted principally under the auspices of the federal government (Low and Spindler 1968, Abt Associates 1971, Westinghouse–Westat 1971), they are almost exclusively concerned with analyses of programs and costs and do not assess the impact of day care on the development of children. Of the smaller-scale studies that do consider impact, a large proportion have methodological flaws (failure to control for family background and motivational factors, outcome measures of doubtful validity, and so forth). A few studies, however, do attempt some assessment of the differential effect of home care versus day care on the development of the child. The appendix at the end of this volume provides a detailed review of the results of those studies; the conclusions of that review are summarized here. The available evidence suggests that, on the whole, relatively few differences in development characteristics have been observed between children reared at home and those raised in group day care settings.

In four comparative studies on the intellectual development of children reared in day care versus home care, none found any substantial differences, either short-term or long-term. The review notes, however, that the findings "must be interpreted with several important qualifications in mind: First, the results are based on only a few studies. Second, the day care centers represented are small in number and of high quality. Third, and most serious, the available data on possible long-range effects are limited to a single study with a single measure (IQ) based on a sample of only 11 pairs of children and providing information only through the fifth year of life" (Appendix, p. 7).

Evidence on the effects of day care is least conclusive concerning the problem of greatest initial concern, emotional attachment. As the review points out (Appendix, pp. 7–8), "a number of psychiatrists have argued, primarily on the basis of propositions derived from psychoanalytic theory and from research on institutionalized children, . . . that any arrangement depriving the child of continuous access to its mother impairs the development of a strong attachment between the mother and child and thereby adversely affects the child's emotional security in general. This orientation has generated a now-massive body of research . . . on mother–child attachment, separation, and their effects, particularly on the child's response to strangers in strange situations."

On the basis of five major studies related to emotional attachment, the review finds (Appendix, p. 18) that "the conclusion that group care results in qualitative disturbances in the mother-child relation seems, at the very least, premature." However, the possibility of negative consequences of extended group care for children under 3 should be considered in public policy and practice. Specifically, programs should be designed to foster the development of stable emotional relationships between very young children and their principal caretakers.

The most clear and consistent differences between home-reared children and those in day care concern motivation and social behavior. Evidence from several studies in the United States indicates that children in group care tended to be more aggressive, less cooperative with adults (and, in some cases, peers), and more prone to engage in physical rather than emotional or cognitive activities. The review notes that these effects may be related primarily to goals and methods currently employed in group care settings and, in fact, may be highly culture bound.

One conclusion is clear from the review of current research: day care or group care per se does not cause problems, but how such care is structured and supervised may. A day care center or day care home can be like a good family in its influence on children—providing stable, warm relationships with caretakers and encouraging intellectual, emotional, and social development of children—or it can, like some family settings, ignore, brutalize, and, for all intents and purposes, destroy a child. For this reason, as the review notes, a reexamination of current practices in group day care is clearly indicated.

Adequacy of Substitute Care

In questioning the adequacy of substitute care, both quantity and quality must be considered. No adequate data are available that measure the gap between parental preference for child care on one hand and the current supply and access of care on the other. Nor are estimates consistent when they are based on external criteria, for example, children of working mothers with inadequate care, handicapped children, deprived children who would benefit from care, etc. Part of the difficulty in assessing the adequacy of substitute care is that the demand equation is somewhat elastic, dependent upon labor force opportunities for women, the availability of alternatives, and the prevalent cultural norms.

The tendency in this country for parents to seek some care arrangements for children over 3 is apparent and probably growing. It is less apparent whether parents will tend to seek substitute care for children under 3, since such care is still the subject of major scientific and cultural debate. However, a supply gap is clearly visible, and any expanded capacity developed during the next several years will be used, if only by the high-risk group (see below).

The qualitative gap is also large, even though not precisely measured. For children under 3, family day care is in need of upgrading. Special administrative auspices—educational or social welfare—are needed to ensure program and staffing standards that meet the needs of very young children, including appropriate adult–child ratios and a balanced cognitive and socioemotional emphasis. For older children, programs—whether under educational or social welfare auspices (and we assume a pluralistic system with state-by-state variation)—require more deliberate development of standards in the light of known effects.

CHILDREN AT RISK—THE FIRST TARGET

Children and families at risk fall into two broad and overlapping categories:

1. Families in which those adults primarily responsible for the care of children are employed, especially if on a full-time basis
2. Families living under the most severe economic and social stress, including those families above the poverty level who are ineligible for benefits and services available to low-income families but who still do not have enough money to purchase those services

Families at high risk lie at the extremes and intersections of the above two areas of need.

Children in Families with Working Parents

In addition to needing food, shelter, and basic health care, every child under 6 requires the constant care of an adult. As Chapter 2 documents, for millions of America's children, such care becomes problematic because one or both parents work.

The figures usually cited for numbers of children of mothers in the labor force are those published annually by the Bureau of Labor Statistics. Thus, for 1975, the number of children under 6 whose mothers were in the labor force was given as 6.5 million (U.S. Department of Labor 1975). This figure was actually short by more than half a million, however, because it includes only own (including adopted) children of family heads.[2] The total number of children of working mothers can be estimated from the published data on the total number of children under 6.[3] A conservative estimate on this basis of children under 6 whose mothers were in the labor force in 1975 is about 7.0 million; this number represents more than one-third (36%) of all the children in this age-group. For 1.5 million children, the mother was also a single parent and usually (for 73%) the head of an independent family. About 80 percent of the employed family heads were working full time—at least 35 hours per week.[4] All evidence indicates that these figures can be expected to continue to increase in the future.

Children in Families with Low and Marginal Incomes

Estimates of the numbers of children in families at various income levels, and by family structure and mother's working status, are given in Table 3. Again, because census data do not usually provide income or labor force information for parents who are not family heads, the figures represent estimates.[5]

In this discussion, families with incomes of less than $5,000 are

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[2] Excluded are other children who are family members, such as nephews, nieces, younger siblings of parents, cousins, and grandchildren, as well as any unrelated children. In 1975, there were 1.3 million such children, representing 7 percent of all children under 6; however, not all of them were in families with working parents.

[3] Sources and methods of data estimation are described in the note at the end of this chapter.

[4] See U.S. Department of Labor 1976; employment statistics are reported for divorced and separated mothers only.

[5] The estimates were made from the one census tabulation by family income in which data are given for all related children rather than only for children of family heads. Sources and methods of data estimation are described in the note at the end of this chapter. Families with related children occur more frequently in the lower income brackets; in 1973, for example, they represented 11 percent of families with incomes of less than $5,000 in the previous year, compared with 4 percent of families with incomes over $10,000.

TABLE 3 Estimated Numbers of Children (in Thousands) under 6 by Family Income, Family Structure, and Mother's Labor Force Participation

	Family Income					
	Under $3,000	$3,000 to $5,000	$5,000 to $7,000	$7,000 to $10,000	$10,000 and over	Total by Labor Force Status and Family Structure
Parent(s) in labor force						
Single mother	293	343	273	274	324	1,507
Mother in two-parent family	116	180	309	782	4,126	5,513
Single father	12	28	16	35	68	162
Parent(s) not in labor force						
Single mother	675	460	200	73	47	1,455
Mother in two-parent family	320	581	883	1,859	6,775	10,419
In family with neither parent	71	64	49	61	149	394
Total by income level	1,487	1,656	1,730	3,084	11,489	19,450[a]

[a] This total accounts for all children under 6 except about 70,000 not living in families, most of whom are presumably in institutions.

SOURCE: See note at the end of this chapter.

designated "low-income."[6] As can be seen from the data in Table 3, there were 3.1 million children in such low-income families. Nearly 60 percent of these children were living in single-parent families, 30 percent of them had mothers in the labor force, and about one-fifth were in both groups—that is, they were in single-parent families headed by working mothers.

Of children in the next highest family-income bracket ($5,000–$7,000), more than one in four lived in a single-parent family, one-third of the mothers were in the labor force, and about one child in six had a working mother who was also a single-parent family head.

In general (as Chapter 2 shows), families above the government-defined poverty line, but with incomes between $4,000 and $10,000, remain in a vulnerable position. In the $4,000–$6,000 income bracket, for example, the rate of disruption for families with children has risen over the last 6 years from 15 percent to 42 percent. Although the absolute rate was lower for families in the next highest income category ($6,000–$8,000), the increase was equally big, from 7 percent in 1968 to 27 percent in 1974.[7] Infant mortality and prematurity rates are almost as high in the income bracket just above the poverty line as in the bracket below it.

Children at Risk—An Overview

Viewed as a whole, the data in Table 3 present the number of families in each of several categories at high to low risk defined by various combinations of low income, maternal employment, and family structure. The measure of risk is highest in the cells toward the upper left corner of the table.

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[6] It is to be kept in mind that this designation does not correspond with the government-defined poverty line, which is based on considerations besides income. Specifically, the government-defined poverty line is:

> A range of income cut-offs adjusted by such factors as size, sex of the family head, number of children under 18 years old, and farm and non-farm residence. At the core of this definition of poverty was a nutritionally adequate food plan—designed by the Department of Agriculture for emergency or temporary use when funds are low.

In 1974, of the 19.45 million children under 6, about 3.3 million were living in families classified below the poverty line. This number is close to the 3.1 million children in families with incomes of less than $5,000. For example, last year the threshold for a non-farm, male-headed family with two children under 18 was $5,000; for a female-headed, single-parent family, $3,946. (See U.S. Department of Commerce 1976.)

[7] These figures are not based on constant dollars. Therefore, part of the increase in rates of disruption can be accounted for by a decrease in the actual well-being of families with incomes from $4,000 to $6,000 and from $6,000 to $8,000 from 1968 to the present.

The Committee designates as "at high risk" all children under 6 appearing above and to the left of the solid line drawn in Table 3.[*] The 3.1 million children in the first two columns are in families that are mostly below the poverty line by government definition. The designation also includes children under 6 in families headed by single parents who work and those in intact families in which the mother works, but, in both cases, where the total family income is below $7,000. Adding these 598,000 to the 3.1 million children in families with incomes under $5,000, there are 3.7 million children under 6 at high risk.

To this high-risk group a second tier, analogous to the "near-poor," should be added. This group, denoted "at risk," includes 1.1 million young children whose families are in the $7,000—$10,000 income bracket because the mothers work and 1.1 million whose families are in the $5,000–$7,000 income bracket and whose mothers do not work.

Nearly 1.5 million (40%) of the children at risk and at high risk have mothers who are in the labor force. As long as nothing is done to relieve the economic pressures on families at risk and at high risk, we may expect increasing numbers of mothers in these low-income families to enter the labor force and require substitute care for their young children. Achievement of the economic support recommendations proposed in Chapter 3 would move all the children in the first two columns of Table 3 to higher income brackets, and the third column would include only children whose families suffer temporary setbacks. How that reduction of pressure would affect the choice of mothers to work is unknown, but it would enable mothers who work only because they must to reconsider that choice.

CONCLUSIONS AND RECOMMENDATIONS

There are major gaps in data on child care supply and demand. They could be filled by eliminating artificial barriers to data aggregation, especially the separate counting and tallying of day care and preschool statistics.

With reference to public policy on child care, which poses urgent and immediate issues, existing research evidence is not sufficiently clear, consistent, and convincing to justify a conclusion that one mode of child care or one organizational auspice is more beneficial or harmful than another. In all the studies that have been conducted, the substitute care provided was of high quality; this is hardly true of the quality of care usually available to low-income and many moderate-income American families.

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[*] We do not use the government's poverty line since it does not take into account the mother's labor force participation and introduces other factors that make it incompatible with the criteria employed in Table 3.

Moreover, there is evidence that, for nearly 4 million children in families designated at high risk, the combination of low income and the absence of one or both parents makes adequate care in the home difficult, if not impossible. What confronts a substantial and growing proportion of the nation's families, then, is not the choice of whether to enroll the child in prekindergarten or group day care, arrange for family day care, or keep the child at home, but the necessity of finding some form of organized daytime activity or substitute care when there are insufficient resources. For the great majority of families whose children are at high risk, the guiding principle is unmistakable: some form of child care is better than none at all.

The conclusion for public policy is equally plain: some means must be found to ensure that families whose children are at high risk can truly choose the manner in which they care for their children. This conclusion leads to the Committee's recommendations about child care.

Parents should have the option, first and foremost, of raising their children at home, without sacrificing a reasonable standard of living. For those families designated at high risk, this will require a substantial program of family income support (see Chapter 3).

For those families who, out of necessity or preference, elect some form of substitute care, a range of alternatives should be available. The alternatives should include in-home care, family day care, center-based day care programs, and prekindergarten and nursery schools. The programs should be available free or at costs that do not require the sacrifice of other essential goods and services.

This will necessitate increased federal funding to expand and improve day care services (including in-home care), which should be available without cost to families with incomes below one-half the national median and at fees scaled to income for families between this income level and the national median. In addition, the Federal Internal Revenue Code should be amended to eliminate discrepancies between allowable deductions for in-home and out-of-home care. Such measures should under no circumstances be regarded as a substitute for the implementation of the income maintenance recommendations contained in Chapter 3.

Mechanisms should be established to ensure that alternative care arrangements meet minimum federal and state standards based on research findings of the effects of daytime care and on experience in the administration of such programs. These standards include continuity of care, a high ratio of adults to children, cleanliness and nutritional adequacy, safety, health services, and a stimulating environment.

Parents should have sufficient information regarding available alternatives in child care services to enable them to make reasonable choices and to shift from one alternative to another as their needs or preferences change.

Child care services should be implemented as an integral part of a broader system of family support services, including health care, social services, and other community activities for families. Child care programs of several kinds should be integrated in their planning and administration so that the family can learn about and reach programs that may operate in various systems, public and private, education and social welfare, fee and free.

As with minimum income or health care, child care services alone will not solve all the problems facing families with children nor ensure the optimum development of all children. But there is, and will remain, a public responsibility to ensure the availability and quality of substitute child care services.

TECHNICAL NOTE: SOURCES AND METHODS FOR ESTIMATING DATA IN TABLE 3

The entries in Table 3 are based on published figures on children of family heads ($N = 9.29$ million) and children living in the family whose parent was not a family head ($N = 0.91$ million). Data on family income and mother's labor force participation broken down by family structure are published for the former in a supplementary table provided by the Bureau of Labor Statistics: "Table A. Children Under Eighteen Years Old, By Age, Median Family Income in 1974, Type of Family, Labor Force Status of Parents, and Race, March 1975 (Table 3: Age of Children, Family Income, and Labor Force Status of Family Heads)." Data on children of parents who are not family heads was estimated, as described below.

The only data on income of families with related children (as contrasted with own children of the family head) appear in the issue of *Current Population Reports* 1976, Series P-60, No. 101, Table 27 entitled "Size and Type of Family and Number of Related Children under Eighteen Years Old—Families by Total Money Income in 1974, by Race." However, the information provided is only for children under the age of 18, with no breakdown for children under 6. For children under 6, data were available only for own children of the family head in the Bureau of Labor Statistics source noted above. The distribution of children under 6 by family income was estimated by using the data on older children to calculate the proportion in each category of children of non-heads to the total number of children; this proportion was then applied to the analogous data on 6-year-old children of family heads to extrapolate an estimate of the number of 6-year-old children of non-heads in each category.

Specifically, the following formula was used:

For a particular income bracket and family type, let
X_i = the total number of children under 18 in that category
Y_i = the total number of children under 18 whose parent is a family head
Z_i = the number of children under 6 whose parent is a family head
N_6 = the number of all children under 6 living in families

The values for X_i appear in Table 27 of *Current Population Reports* 1976, Series P-60, No. 101. The values of Y_i and Z_i appear in the above noted supplementary table provided by the Bureau of Labor Statistics. The value of N_6 appears in *Current Population Reports* 1976, Series P-60, No. 102, Table 7.

Employing the above values, the number of children (P_i) under 6 in a particular category of income and family structure is estimated in a three-step process:

1. Define $W_i = \frac{X_i \cdot Z_i}{Y_i}$
2. $\Sigma W_i = \Sigma W_i$ across all income levels
3. $P_i = W_i \cdot \frac{N_6}{\Sigma W_i}$

It was possible to test the accuracy of this estimation procedure for data on the number of children classified below the poverty level, since such information is available both for children of family heads and for all children in the family under 18 and under 6. These data are published in *Current Population Reports* 1976, Series P-60, No. 102, Tables 7 and 29. The number of children under 6 whose family income is below the poverty line was estimated at 3.279 million, compared with an actual value of 3.294 million, an error of less than 1 percent. Similarly, the number of children under 6 in female-headed families whose incomes were below the poverty line was estimated as 1.73 million compared with an actual value of 1.75 million, again an error of less than 1 percent.

Since no data are available on maternal labor force participation rate by family income for mothers who are not themselves heads of families or married to the head, estimates were made on the assumption that the rate for all married mothers was similar to that for mothers who were married to a family head (and analogously for single-parent mothers). It was possible to check the validity of this assumption, at least partially, for one group of mothers: those married and living with their husbands. A labor force participation rate is published both for mothers who are heads of families and for all mothers, including those whose husbands are not family heads. The former rate appears in a supplementary table provided by the Bureau of Labor Statistics, "Table B. Families with Children under Eighteen Years Old by Median Family Income in 1974, Labor Force Status of Family Head and Wife by Head, and Race." The latter figure appears in "Special Labor Force Report 183, Table 2," published by the Bureau of Labor Statistics in 1976. The rate for married women who were family heads and had children under 6 was 36.7; the corresponding figure for all married women with husband present and children under 6 was 36.6

Estimates of distribution by income were carried out separately for two-parent families, female-headed families, and single-parent male-headed families. For children other than those of the family head, the proportions living with both parents, with mother only, with father only, and with neither parent were estimated from the figures for all children under 6 in these categories published in *Current Population Reports* 1975, Series P-60, No. 287, Tables 4 and 5.

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Special Services

Each year, millions of families in America are confronted by problems that overwhelm their capacities to meet their children's needs. The problems result from changes in the environment external to the family (such as an economic recession), from events and circumstances occurring within the family, and from characteristics of parents and children. The responsibility of government to provide special services to assist in coping with those problems has long been an accepted principle in this country, and an array of social welfare services, agencies, and institutions has been created in an effort to meet that responsibility. However, as is true of social welfare generally, fragmentation of services, lack of coordination, and inadequate planning impede effective service delivery. In addition, many current practices are based on false or misleading assumptions about the processes of child development and family life. This chapter examines three of the major circumstances that result in the need for special services for children: transitional situations, child abuse, and children in institutions.

TRANSITIONAL SITUATIONS

While available reporting systems do not make reliable totals possible, the number of children under 6 who have been involved in family breakup (permanent or temporary) in recent years runs into the millions. The two largest groups of such children are those involved in divorces and adoptions. In 1974, there were about 970,000 divorces or reported annulments involving close to 1.2 million children. An unknown but probably large number of children are involved each year in unrecorded desertions and informal arrangements for their care by a grandparent or other relative.

In 1971, 169,000 children were adopted, 83,000 of them by unrelated persons; of the latter number, 66,000 represented placements by social agencies.[1] The remaining 17,000 of these and all the 86,000 adoptions by relatives were processed by lawyers and courts. Over 100,000 of the adoptions involved children of unmarried mothers; the rest involved one-parent orphans adopted by the parent's spouse, children of divorce adopted by a stepparent, or children in the category of the deserted, neglected, abused, and handicapped, whose care was surrendered or whose parents had been deprived of parental rights by the courts. Not included in the numbers, of course, are children in comparable circumstances whose cases are never recorded.

Children of families in crisis or in transitional situations are particularly vulnerable to developmental disturbances. The degree of vulnerability depends on the age and the suitability of the new environment. The institutions making these dispositions—both courts and supporting agencies—often exacerbate the vulnerability of the children involved.

In divorce, children are often automatically awarded to the mother or become the prize in an adversarial fight in which "blame" and "guilt" are established. Evaluations of social agencies' matching techniques in adoptions show that they do not always contribute to the process of finding suitable placements and may greatly contribute to placement delays. Recent studies (Areen 1975) also raise serious doubt about the predictive value of standards used by courts and agencies to determine the suitability of an adoptive family, to choose among contesting spouses in divorce custody proceedings, or to determine the need for state intervention to protect children from emotional neglect. Without professional assessment of the adoptive family, a child may be moving from one non-nurturing environment into another. An unmarried mother is often pressured by family and lawyers to give up her child. Assessment content and procedures need improvement; and such improvement is a reasonable, realistic, and relatively short-range goal. There can be little doubt about the need for professional assessment for children in transitional situations. Unlike other developed countries, the United States has few jurisdictions that provide for such assessment.

Courts should use professional staff trained in child development to advise them in disposition matters, but better staff and assessment tools focused on children alone will not be enough. Substantive legal precedents are also at fault. For example, in adoptions, undue preference is given to the rights of the biological parents, while their children are suspended for long periods in shifting foster care or institutional arrangements, and divorce custody dispositions can be reopened with relative ease and used for continuing battles between ex-spouses.

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[1] Estimates provided by the National Center for Social Statistics, U.S. Department of Health, Education, and Welfare.

Although the hazards to children are obvious, the solutions are not. The evidence does indicate, however, that institutions governing various dispositions of children need critical evaluation. The degrees of vulnerability of children subject to these dispositions must be identified with greater rigor, and the institutions must be changed—both in personnel and in standards and procedures—if they are to deal responsibly with that vulnerability.

Many more children—about 284,000—live in foster family homes than are adopted each year. There are also 15,000 adolescents living independently and 70,000 children living in adoptive homes in the process of final placement.[2] Of the 300,000 children not in prospective adoptive homes, a significant minority will never return to their parents.

The evidence shows (Fanshel 1976) that, the earlier efforts are made to reconstitute the family, the more successful they are likely to be. Although accurate age distributions are not available, it is known that children under 3 are the most likely to return to their parents or be released for adoption. The older the child, the more likely it is to remain in a foster home or in a succession of foster homes until it is able to live independently; many such children become institutionalized as unmanageable.

Study of foster home care as a service system is largely characterized by conflicting evaluative criteria, mostly small-scale research, and fragmented administrative auspices. The available large-scale studies and data from representative jurisdictions, however, justify alarm over the fate of children in the system. Evidence points to a number of disturbing features: the poor quality of many foster homes; the frequency of "replacement" of children; the long waits prior to placement; the numbers of unvisited children; the low likelihood of return to families, unless it comes early; the separation of siblings; and the low placement rates for minority and physically handicapped children.

Placement programs usually operate autonomously and concentrate on finding somewhere to put children. They do not attempt either to avoid family breakup or to promote family-oriented solutions. Instead of present practices, programs for children in transitional situations should be integrated into service systems that emphasize family support and provide options other than foster home or other substitute care.

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[2] Estimates provided by the National Center for Social Statistics, U.S. Department of Health, Education, and Welfare.

Child welfare programs should not be detached, as they now often are, from family support strategies. As Chapter 7 discusses in more detail, Title XX of the Social Security Act encourages comprehensive social service planning initiatives in the states and localities. The Department of Health, Education, and Welfare can thus be called upon to develop policies and guidelines that protect family-oriented objectives.

The development of an adequate system of care for children in transitional situations includes three steps: (1) restructuring the channeling system to emphasize options that are less disruptive and risky than foster home care, such as community-based care, income guarantees and other family supports, homemakers and other family in-house help, and neighborhood emergency facilities for temporary substitute care; (2) establishing a system of national data collection to permit monitoring and cost estimates; and (3) conducting experiments to strengthen the foster home option when it has to be used. This research could contribute to investments in keeping families together, which is less costly than substitute care, and could improve the selection of foster homes and the matching of foster parents and children when substitute care must be arranged.

CHILD ABUSE

Estimates of the incidence of injury inflicted on children range so widely that they must be regarded as guesses, but the evidence does indicate that child abuse is a serious problem. It has too often been viewed as injury to defenseless children by willfully destructive parents, as the concept "battered-child syndrome" implies. This view is incomplete, because child abuse, correctly understood, is also a symptom of family crisis (Newberger 1971):

> The essential element in child abuse and neglect is not the intention to destroy a child but rather the inability of a parent to nurture his offspring—a failing which can stem directly from ascertainable environmental conditions which may not necessarily be accessible to the intervention of social workers, physicians, nurses, psychiatrists, and others who offer the traditional modalities of care to distressed families.

The way to help such families is not automatically to remove the children "from harm," thereby destroying the family unit, but to offer supports that enable the family to function adequately (if at all possible) while the child is protected. Several experimental models of supportive programs exist and deserve replication and careful testing.[3]

The newly funded National Center for Child Abuse in the Office of Child Development has special funds and a public mandate to add to basic knowledge of child abuse. It can and should deploy its resources to: (1) clarify the abuse phenomenon (with a view to eventual prevention); (2) ensure identification, reporting, and protection; and (3) add to knowledge about effective intervention. The second of these tasks has received greatest attention thus far in most states and is an inevitable response to public concern. The other two must command adequate resources and attention if long-term results are to be achieved (see Areen 1975).

CHILDREN IN INSTITUTIONS

Between 250,000 and 300,000 children live in public and private residential institutions. Such children are variously called mentally retarded, emotionally disturbed, delinquent, physically handicapped, dependent and neglected, or mentally ill. The institution sometimes influences the label more than do the distinguishing attributes of the child. Minority children are overrepresented in all but the small number of expensive facilities. Boys—whose behavior is often more aggressive than that of girls—outnumber girls in institutions two to one. Experts agree that many of these children could be cared for in the community.

Most of the large residential institutions share one characteristic: they take over care of the child completely, investing little in helping the family, school, and community—the usual socializing agents of society. They make stringent role demands on everyone connected with the institutions. We know that most correctional institutions reinforce delinquency in children, that most institutions for the mentally retarded require low levels of intellectual functioning, and that most hospitals for mental illness perpetuate sickness. Staff in these institutions are subject to role expectations as exacting as those of the children. The original goal of rehabilitation is lost in serving more immediate objectives, such as preserving the institution, clarifying and enhancing role relationships within the institution, maintaining order, and avoiding public scrutiny. These objectives, combined with our society's tendency to treat deviant behavior by putting the "deviant" out of sight and out of mind (thereby protecting the community itself), produce a non-remedial, self-perpetuating institutional system with a remarkable capacity for survival.

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[3] A program run by Children's Hospital in Boston shows one successful approach to helping parents so that they care for their children, rather than ignore them until the pressures become intolerable. In the year 1969–1970, before the program started, there were 62 cases of child abuse in the Children's Hospital, of which 39 were hospitalized. The re-injury rate was 10 percent for hospitalized cases, with one subsequent death. In 1970, an interdisciplinary, interagency consultation unit formulated a plan for continuous care of each abused child and its family. In the first year of the program, 1970–1971, there were 86 cases of which 60 were hospitalized. The re-injury rate dropped to 1.7 percent, with no deaths.

Exposures of deplorable conditions in residential institutions for children appear periodically, but they do not effect long-term improvements. In the past two decades, efforts to improve institutions by improving their physical facilities have been laudable but fail to solve the problems.

A 1966 survey (Pappenfort 1970) supported by the U.S. Children's Bureau covered 701 institutions for the mentally handicapped, 373 for the physically handicapped, and 2,554 for the delinquent, disturbed, deprived, neglected, and mentally ill: these institutions housed 156,000 children. (Another 55,000 would have been in these institutions if they had had more capacity, staff, or required facilities.) Although the survey did not cover all types of institutions housing children, the statistics collected are instructive.

More than half of the children (56%) lived in institutions (mostly for dependent, neglected, delinquent, and "predelinquent" children) holding more than 100: 38,286 in institutions for 101–250 children; 30,169 in institutions for 251–500 children; and 18,837 in institutions for more than 500 children. Less than 60 percent of the institutions had employee–children ratios of better than 3 to 10: about 22 percent of the institutions had 3 staff members for every 10 children; 14.7 percent had 2 employees for 10 children; and about 6.1 percent of the institutions had less than 2 employees for 10 children. Many of the institutions did not have staff members critical to the institution's service mission: teachers, psychiatrists, doctors, and remedial experts.

Mentally Retarded[4] At least 95,000 children and adolescents live in residential hospitals and schools for mentally retarded people. Many are destined to stay until adulthood—or death. Educational programs are generally inferior; drugs are extensively used to control behavior; and many children spend their days, weeks, and years focused on one stimulus, television. Although techniques are now available to teach patients to care for their bodily needs, such opportunities are usually limited to experimental wards.

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[4] No agency has a complete picture of institutions and institutionalized children in the U.S. Responsibility is scattered in Washington and fragmented and idiosyncratic in the states. Institutional statistics in the rest of this section are estimates from the U.S. Office of Education.

There will always be profoundly retarded and multiple-handicapped children who require lifelong residential care, but many children (and adults) now institutionalized as mentally retarded are capable of responding positively to family life, and many families can do more for their institutionalized children than the existing service systems permit. Institutions for the mentally retarded do not encourage either the utilization of family resources or the development of competencies allowing an adolescent or adult to return to the community.

Emotionally Disturbed There are 78,000 children in residential treatment centers for the emotionally disturbed. Some of these centers are good or excellent, but the majority confirm, extend, and fix the children's worst fears about themselves.

In a state known for its progressive mental health program, the total number of children in residence was not known because some were housed in units with disturbed adults; 20 adolescents in a special unit were heavily sedated and acted unchildlike and sick; the school program might be described as valiant because the children were too bemused by drugs to learn; individual psychotherapy was practiced with almost ritualistic conviction in spite of uncertainty about its outcome; and there was minimum contact with the children's homes, schools, or communities. Yet, in the children's unit the staff–patient ratio was actually quite good. There were more staff members than children, and the staff was composed of reasonably competent people devoted to their work, even though they seemed defeated by the failure of the institution. It is difficult not to conclude in such a case that the longer children stay in treatment, the more estranged they become from a normal life setting.

Because of the vigorous program of the National Institute of Mental Health over the past dozen years, there are a number of excellent models for residential care of emotionally disturbed children. The models vary in auspices, as well as in philosophy, method, and style. But all show an appreciation for what children are, recognizing their strengths as well as their weaknesses, their need for family and community, and their strong drive to grow and learn and become whole.

Delinquent There are approximately 150,000 children in detention centers and training schools for delinquents. A substantial percentage have not committed specific offenses, but are "persons in need of supervision"—meaning that they are out of parental control, truants, runaways, etc. Most are from families with limited education and limited resources. In these institutions, there are higher proportions of boys than there are in the population, as there are black and other minority children in parts of the country in which they are concentrated.

Most juvenile court judges commit children to correctional institutions with reluctance and nearly always because there is no available alternative. If the child's parents can provide an alternative, such as sending the child to a residential school or giving the child psychotherapy, or, if such an alternative as volunteering for military service is feasible, a judge is likely to opt for it. Far too often, however, no alternatives are available or the child lacks an advocate for finding one.

The study of juvenile delinquency is in need of much reexamination and new wisdom. Experts agree that many correctional institutions for children and adolescents become schools for crime. Children in such places soon define themselves according to the expectations of the system and society. To be classified delinquent requires delinquent behavior. As if in fulfillment of a prophesy, delinquents regularly move into a life of crime.

The Committee has not systematically addressed the problem of delinquency, because it involves mostly children above the age that commanded the Committee's primary attention. However, efforts to improve a deplorable situation by precipitous closing of correctional institutions without providing family supports and alternative programs in the community may retard the adoption of needed reforms; there is great need for rethinking the purposes and procedures of the juvenile corrections system, as the Committee on Juvenile Justice Standards of the American Bar Association is now doing; and the problem of juvenile delinquency will be diminished only by providing young people, especially minority-group males, with opportunities to work in socially useful, purposeful, and self-enhancing roles. (The care of young children in need of special assistance might be one such role.)

Physically Handicapped Approximately 37,000 children live in institutional programs for the physically and sensorially handicapped. Some of these children are no more disabled than many who are making effective adjustments at home, in school, and in the community. There is a critical need for more accurate screening and for a strengthening of non-institutional alternatives.

Dependent and Neglected There are 98,000 children in residential programs for dependent and neglected children. Mental retardation, emotional disturbance, and antisocial behavior are frequent characteristics of these children. The programs are heavily custodial, supplemented by marginal school programs. The observations made about other institutional arrangements for children apply equally to the institutions for children who are wards of the state.

The plight of institutionalized children calls for major reform. The federal government should take the lead, but there should also be initiatives from and full participation by state and local governments and voluntary agencies.

CONCLUSIONS AND RECOMMENDATIONS

Research and experience suggest that all programs for children with special needs, whether in substitute families or residential institutions, should be designed for maximum exposure of the child to normal developmental relationships and activities at home, at school, and in the community. If placed in a residential program, a child should remain as close as possible to its normal life setting—both in space and in the psychological texture of the experience provided.

The large, congregate institutions for children, characterized by control and custody and not offering education, treatment, or wholesome socializing experiences, should be replaced by a diversity of facilities, including foster homes, small group homes, and small residential institutions, located and programmed so that the child may continue to participate in family, school, and community life as much as possible. Residential programs or their host agencies in the community should invest heavily in providing liaison services with the child's family, school, and community. Each institution should have the competence and capacity for education, socialization, treatment, vocational training—or such other constructive activity as is appropriate to its population group.

Parents or foster parents should retain as much responsibility as possible for children placed in residential programs, including those for the mentally retarded, the emotionally disturbed, and the delinquent. Whenever feasible, children should go home on weekends and be visited regularly. This can help to prevent the alienation resulting from prolonged separation and allow child and family to learn to live together.

Systems of financing and subsidy should be designed to encourage the earliest possible return of children to their normal life settings when it is appropriate and feasible. The length of stay should be related to a specific and realistic program goal. Everyone directly involved should be rewarded for an early and successful discharge of the child.

Recent court decisions have established that children in state residential institutions have a constitutional right to receive adequate treatment. Although these decisions have thus far applied only to children defined as involuntarily committed, the scope of the principle is not thereby restricted. All state residential institutions are covered by the basic premise that when the state assumes custody of children in order to help them it must be held accountable for that help.

The courts have a role in monitoring children's institutions, but they cannot supervise these institutions alone nor are they the best possible instruments of supervision. They have intervened because other agencies have defaulted and thereby permitted shocking abuses of children in state and state-supported institutions. Court intervention is only a first step, a prod to force action by executive and legislative agencies at all levels of government. Ultimately, court-defined rights must be implemented by administrative and service agencies.

The Committee's recommendations for the provision of special services to families and children follow.

Programs that deal with children who are in need as a result of family failures, crises, and special problems should not presume family breakup or inadequacy. Out-of-home care of children should be provided only when family support and reconstitution are not realistic options. The response to family crisis is still all too often to break up the family rather than support it; children should not be removed from their parents because of poverty and family crisis alone. In many localities, child welfare services are devoted largely to child placement, and they deal with placement problems separately from and often prior to efforts to protect and enhance family environments.

Research shows that crisis intervention helps to prevent permanent problems. Pilot efforts, experience in other countries, and professional testimony suggest that a strategy of basic family support and protection should begin with: (a) availability of home helpers and emergency homes in the neighborhood during crises, such as a parent's hospitalization; (b) availability of emergency discretionary funds to help families cope with short-term special needs (such as those resulting from a fire in the house or theft), which often lead to family breakup or desertion (such funds are only a fraction of what is invested in shelter and foster homes, the inevitable alternatives); and (c) availability of skilled counseling services in the community social service system to offer support, guidance, and help after death of a family member or other traumatic event.

Where out-of-home care of children is unavoidable, because of family crisis or problems and dangers in the home, family breakup should be kept as brief as possible. Substitute family arrangements are generally preferable to institutional solutions, but at present community commitment to good foster home care is limited, foster home arrangements are unstable, and thus results are poor. Research and experimentation are essential to determine how foster care can be improved and to ensure adequate investment in family-like care for children who need it. When families cannot be reconstituted, termination of parental rights should be hastened and early adoption encouraged, to give children new families at an age when they can benefit most from them.

All programs for children with special needs should be based on the principle of maximum exposure of the child to normal developmental relationships. In particular, large, congregate, custodial children's institutions should be abolished, and residential care of diverse types, rich in educational, developmental, and treatment resources should be provided when own-family or substitute-family care is not appropriate.

Professionals involved in all decisions regarding children with special needs should ensure that the vulnerability of the children subject to adoption, institutional custody, or foster care disposition is identified with greater rigor and that choices are made in light of validated knowledge about most likely outcomes. In particular, legal institutions must be better informed regarding such outcomes and have professional assistance available in reaching decisions in the best interests of both children and parents.

7

New Approaches to Delivering Services to Families

The two most important themes of this report may be stated as follows:

- Many of the most critical problems that face children and families in this country result from events and circumstances largely beyond their control. Economic factors, including unemployment and inflation, have powerful effects upon families and children. Evolving patterns of age segregation, separation of residence and place of work, increased opportunities for women to enter the labor force, and other changes in our life-styles have profound implications for the futures of families and children in America.
- To make families at all economic levels and in all parts of society capable of solving their problems requires the creation of a broad system of supports for the family. Such a system would be based on new national policies, but would depend for its implementation on the efforts of state and local governments as well as institutions in the private sector.

Chapters 2 through 6 of this report outline recommended national policies related to income support and employment, health care, child care, and special services for children. Without an adequate system for the delivery of these services to families and children, however, the implementation of many of those recommendations will be difficult. Designing such a system is a formidable challenge.

There is a tendency in the United States to periodically spotlight children with particular problems such as delinquency, neglect, retardation, or abuse. Spotlighting in the professional literature and the popular media follows upsetting incidents, dramatic case stories, or new research findings. It evokes public concern (usually short-lived), and funding follows the public concern, but sentiment or organizational dynamics takes over, not knowledge of effective intervention. Each special institution or program meets real needs, but it is not balanced with other institutions and programs. Basic family welfare efforts, health services, child care, and special services, which must be the point of reference for other efforts, are thus inevitably neglected. As a consequence, the popular categorical programs have limited success, and large populations in need of basic services continue to be deprived.

THE DELIVERY OF SOCIAL SERVICES

The failures of the delivery of social services are well documented in many statistical studies and case reviews; fragmentation, discontinuity, lost cases, unsuccessful intervention, and poor service takeup are some of them. Despite large federal and private investments in research and demonstration, specific organizational and professional solutions to these generally acknowledged problems have not been identified. However, the research does identify the functions or processes that are necessary to a responsive and effective social service delivery system. In particular, a good delivery system is characterized by access, case integration and case accountability, and sufficiency of services.

Access and Outreach Good services are generally less available to the poor, the poorly educated, the nonwhite, and the geographically isolated. Access to such groups can be improved by case finding, registration campaigns, and mobile service units, particularly when members of the population groups being served participate in the efforts. Access should include the cost of informing people in detail about the services available, including translations (if necessary) of suitably written information describing how the services relate to their needs.

Such services should be collaborative efforts of the whole health–education–welfare system at the local level and should not be organized by type of service. The federal government can increase the return on its investment in social services by converting the presently limited systems—often serving only specialized parts of the human resource programs in selected geographic areas—into a standardized, adequately funded, and generally recognized access network.

Case Integration and Case Accountability Families in trouble often need someone to coordinate the available services, but no single professional is now responsible for this role within the social service system. The present services in one locality often have conflicting goals and strategies for any one family. The system should be designed so that one service agency can take overall responsibility for any family with serious problems in order to avoid conflicts and to increase coordination for maximum overall benefit; the type of problem or need might determine the lead agency in each case. For many purposes, a local family and child welfare service agency, which states are able to establish under Title XX (separate from public cash assistance programs), would be strategically situated for this responsibility.

Research evidence indicates that complex, long-developing problems are solved only by multifaceted, coordinated inventions, yet there is often inadequate provision for service coherence or service integration. Those who would serve families either preventively or therapeutically cannot readily assure them of the cash assistance, housing, health service, special education, and personal social services they need because social institutions are not organized to respond to multiple needs.

The issues are larger than organization and administration, however. There is little precedent and little systematic thinking or research on the ethical, legal, and policy aspects of service delivery. For example, under what conditions do reports of physical abuse or neglect of children require government intervention, regardless of parental consent? What reports are to be followed at least by an offer of service? For which endangered children should communities require the equivalent of an "abused child" register (which is now quite common)? What procedures should be followed before removing from the register a child identified as endangered? Who should be responsible for doing so? Regional, state, and local values as well as legal rights are at stake in such issues; they have not received the high priority in professional and legal discussion, analysis, and research that they merit.

Sufficiency Access, outreach, case integration, and case accountability are essential in a framework for planning social service organization, but they should lead to specific services; that they often do not is well documented. Both qualitative and quantitative sufficiency are essential in planning adequate services that meet a range of urgent needs. Demonstrations, model projects, and showcase programs cannot substitute for adequate services for all who need them.

A FAMILY FOCUS

A 1970 White House conference on changing families asserted a principle important to reiterate:

> Present human service systems tend to fragment and undermine the family. All such delivery systems should be directed to provide services and supports through and to the family as a unit with recognition of the different needs, strengths, and weaknesses of varying family forms.

In child welfare, as in health and day care, experience dictates that a family perspective should predominate. Formal federal guidelines recognize this; practice often does not. Research evidence, professional observations, and citizen-user reports all support the view that the family is so critical to a child's development—and satisfactory substitutes so difficult to ensure—that family breakup, even temporary, should be avoided whenever possible.

Maximizing support of the family is justified both by social goals and by cost considerations. In New York, for the year 1969–1970, the average Aid to Families with Dependent Children (AFDC) grant to a family was $2.25 per day, the cost per day in a foster home averaged $10.08, and the average daily cost for institutions and group residence care was about $20.00. Projecting the costs for foster care (assuming them to be constant), it would cost $19,131 to support a 7-year-old for 4 years, $29,614 to support a 12-year-old until age 18, and $122,500 to support a child from infancy to maturity; these costs are about five times higher than the estimated cost of raising a child in its own family. (Fanshel and Shinn 1972).

CONCLUSIONS

Our perspective, then, calls for a family focus, preventive programs (family and community support services), and efforts to achieve balanced social intervention encompassing more than just those services that respond to popular interest or to problems that are currently front-page news.

These considerations point to the need for new institutional mechanisms capable of providing coordinated and comprehensive services to families. There has been support for multi-service centers in the last decade, but success has been limited. Such centers attempt to span several service systems, especially health, welfare, employment, and housing. This approach is attractive and its limited success and much failure may have resulted from limited investment, but they may also have resulted from the fact that the large service systems (health, child care, income maintenance, and employment, for example) have their own bureaucracies, constituencies, professional cultures, regulations, and operational requirements. It may not be surprising that multiservice centers usually locate programs together but do not integrate them.

Neighborhood Family Resource Centers Nonetheless, convinced of its payoff for the most dependent and disorganized families, some members of the Committee believe strongly that more adequate investment in and experimentation with neighborhood family resource centers should be undertaken. Such centers would incorporate existing categorical programs, such as Head Start, Home Start, and the Child Development Associates program, and new federal initiatives to provide resources for center and family day care services.

The major purpose of neighborhood family resource centers would be to respond to the needs of families by integrating and coordinating a wide range of existing programs as well as providing new services if they are needed. Each center would also undertake a continual assessment of such needs. The primary focus would be on those families designated as being at high risk, although services would be provided to other families on a fee basis.

Centers would not attempt to provide all services on site (for example, complete health care), but rather would assist in meeting family needs and obtaining services to which families are entitled by providing ombudsmen and advocacy services to ensure effective follow-through. In addition, community resource specialists on the staff of each center would devote their principal attention to mobilizing existing community resources—schools, private industry, public agencies—to support families.

The Committee recognizes that such an approach may require increased resources by both the federal government and state and local governments. We anticipate, however, that substantial savings in the total cost of providing new services along with those now covered under existing categorical programs will be realized as a result of centralization of administrative costs of the diverse programs proposed and other economies of scale.

State Structure for Social Service Delivery An alternative analysis of failures in providing services focuses on the lack of an integrated delivery system for the social services (family and child welfare, home help, services to the aged, adolescent services, day care, etc.). Proponents of this view among members of the Committee argue that federal and state fragmentation and contradictory guidelines cannot be overcome by a locally controlled and powerless delivery device, even one as attractive in concept as the neighborhood family resource center. They see the need to take the opportunity created by Title XX to develop a structure for social service delivery in each state, within which localities could experiment with delivery devices. The publicly operated structure would, as suggested above, focus on improving access and outreach and case integration and case accountability. It would also provide front-line counseling, community care services as alternatives to institutions, and family support when possible to prevent family breakup. Such evolution of public social services out of the present public welfare program is financially and administratively feasible, given adequate federal leadership and state support.

RECOMMENDATIONS

Financial and technical assistance should be provided to states and localities to encourage experimentation with, and assessment of, a variety of service delivery mechanisms designed to increase access to, and integration of, a range of services to families and children. Title XX of the Social Security Act affords the states the opportunity to undertake systematic planning and implementation of service integration. Coordination and monitoring of such experiments should be carried out by the Department of Health, Education, and Welfare to ensure the necessary waivers of existing categorical and fragmented program mandates in selected localities and to make possible comparisons across programs. This approach is consistent with current service integration initiatives in the Office of the Secretary of the Department of Health, Education, and Welfare.

A separate program should be established in the Office of Child Development to test the feasibility and effectiveness of the concept of neighborhood family resource centers. Such centers would be designed to assist in meeting the needs of families in the immediate neighborhood by (a) undertaking regular and systematic assessments of such needs, (b) providing referral, ombudsmen, and advocacy services to individual families to ensure follow-through, and (c) coordinating and organizing existing community resources to ensure availability of the necessary services, including center day care, health services, home visitor programs, consumer education, parent education, training of child care workers, after-school care for children in the primary grades, and the supervision and coordination of family at-home day care.

This report appears at an important moment in the history of planning the delivery of social services in the United States. In December 1974, the Congress enacted P.L. 93-647, which added a new services title, Title XX, to the Social Security Act. While not increasing the amount of funds available, the new title mandates state social service planning and offers considerable flexibility in designing programs best suited to a particular locality. The public social service system thus funded is to be designed to serve the poor and the near-poor and may serve, on a fee basis, those whose incomes range between 80 and 115 percent of a state's income median. In redesigning services and delivery, the states and localities now have a major opportunity to develop a comprehensive system and develop significant preventive and therapeutic programs on behalf of families. Federal agencies should offer guidance, technical aid, and support.

8 Directions for Future Research

Much has been learned during the last 30 years about fundamental processes of child development. Major influences on the growth and development of children—physiological, psychological, and social—are relatively well understood as a result of several decades of research. However, much work remains to be done and will require the continued support of the federal government if the gains that have been made are to lead to further advances in knowledge. At present, many individual scholars in all parts of the country are involved in research on increasingly complex questions about how children develop. As is true in much scientific research, first approximations of knowledge are relatively easy to come by; further advances in understanding human growth and development will require more elaborate, time-consuming, and expensive fundamental research.

At the same time, however, we believe that we can now benefit significantly from increased emphasis on several types of research that can contribute to more effective use of existing basic knowledge in policy planning and program development. The Committee recommends three types of such research: (a) studies of children in natural settings; (b) systematic experimentation with, and evaluation of, proposed programs for children and families; and (c) development of social indicators on children. In addition, an adequate national program for child development requires sustained attention to issues of public policy as they affect families and children. One significant component of the new kinds of information needed to aid this nation in forming its child development policies is the impact on families and children of a wide range of government policies and programs, including those not directed specifically toward them. The Committee believes that mechanisms should be established to monitor such impacts on a regular basis.

STUDIES OF CHILDREN IN NATURAL SETTINGS

More than 50 years of behavioral science research have yielded enormous gains in our understanding of the growth and development of normal and exceptional children in this country.[1] This research, carried out primarily by developmental psychologists, educational researchers, psychiatrists, and anthropologists (summarized in Goslin 1969, Mussen 1960, Mussen 1970, and Hoffman and Hoffman 1964), has contributed substantially to scientific understanding of how children grow, physically and psychologically. However, the prevailing research model, based on experimentation in laboratory settings, is limited to a narrow conception of the child's environment, its structure, and the manner in which this structure influences not only the child but the persons and the institutions directly affecting the child's development. Using that model limits attention to the direct effect on the child of each person present. Interest is rarely shown in examining how the child influences the other person or how the interaction between the child and someone else, say the mother, for example, is affected indirectly by a third party—the father, a second child, a grandparent, or a teacher. In short, what might be called second-order effects are ignored.

More importantly, in the prevailing research model, the two-person system is treated as if it existed in isolation from any other social context. Such contexts include not only the immediate setting surrounding the child but also larger, more inclusive systems that influence what can and does take place in the immediate setting. To the extent that existing research models do include broad social and institutional contexts, they tend to define them as sociological givens, rather than as structural elements that can be modified or reorganized with differential impact both on those who care for children and, through them, on the behavior and development of the child.

The prevailing research model described is hardly characteristic of the situations in which children actually live and develop. In the family, day care center, preschool, play-group, school classroom, or neighborhood (a) the setting is not ephemeral, but enduring; (b) there are usually more than two people; (c) the child invariably influences those who influence her or him; (d) the other participants are not strangers, but persons who have enduring roles and relationships with the child and with each other; and (e) above all, the behavior of these persons, including the child, is profoundly affected by the social systems in which they participate. Such systems, which delimit and direct the activities of those who care for the child and are responsible for the child's development, include the parents' work, the neighborhood, transportation facilities, the relation between school and community, television (not only in its direct effect on the child but in its indirect influence on patterns of family and community life). There are also many other ecological influences that determine with whom and how children spend time: the fragmentation of the extended family, the separation of residential and business areas, the dissolution of neighborhoods, zoning ordinances and geographic and social mobility, the growing number of single-parent families, the abolition of the apprenticeship system, consolidated schools, the delegation of child care responsibilities to specialists and others outside the home, urban renewal, and the effects of national policies on children and families.

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[1] This discussion excludes research in the medical sciences, which is discussed in Chapter 4.

Most importantly, the prevailing research model narrows the scope of scientific knowledge of child development. In addition, its usefulness to public policy formation is likewise limited, since the scientific questions that are beyond the scope of existing research models are precisely those that relate most closely to major public policy issues, such as:

- What changes have been taking place in the American family, and what effects do they have on the development of children?
- What are the effects on the child of the absence of either its mother or father or both for substantial periods of time during the child's first 3 years of life?
- What policies and programs are needed to meet the needs of single-parent families, including those headed by fathers?
- What are the effects on children of full-day as compared with part-day alternative care arrangements?
- What are the effects on children, employers, and employees of taking children to work?
- What are the effects of policies that would enable employees with children to be at home when their children return from school?
- From the point of view of the well-being of children, what policies and guidelines should be set for the design of housing and urban renewal projects?

Research designed to address these and similar questions will not only expand basic scientific knowledge about the social conditions affecting children and those who care for them, but will also help to shape public policy concerning children and their development.

The Committee therefore concludes that strong support should be given to systematic, well-designed research in the actual environments in which children live and grow: not only the child's immediate setting, but also the larger contexts of neighborhoods, communities, and social institutions. Chief among those social institutions are: health, education, and welfare service agencies; national, state, and local legal structures; the mass media; transportation systems; the world of work, particularly as it affects the availability to children of parents and other adults; and neighborhood planning and urban renewal agencies.

Research is needed not only on the impact of each of those contexts and institutions in isolation but also on the interplay among them, for example, the interaction between family and peer group, preschool and home, and the world of work and family life. Research should not be limited to studies of the effects of existing environments but should include investigations of situational, institutional, and policy innovations. Expansion of research in natural settings will require the cooperation of investigators from disciplines and professions not previously involved in child development research: economists, lawyers, urban planners, specialists in business and public administration, and political scientists, as well as businessmen and politicians.

SYSTEMATIC EXPERIMENTATION AND EVALUATION OF PROPOSED PROGRAMS

During the past decade, social action programs have expanded rapidly and interest has mounted in evaluating both the traditional and innovative aspects of such programs. Competition has increased for human and economic resources for programs, and intelligent decision making requires information on the probable effectiveness of proposed programs relative to existing alternatives. Policy makers, administrators, and social researchers have come to recognize the value of systematic experimentation with new programs before committing substantial resources for implementation on a national scale. Most important, systematic experimentation and assessment can help policy makers determine why a program succeeds or fails and whether it can be replicated in different communities.

Large-scale social experiments have been or are currently being carried out on the impact of income maintenance programs, on alternative methods of providing health insurance, and on the effectiveness of federally supported housing allowances. In education, both performance contracting and the use of vouchers for purchasing educational services are being studied experimentally. All these efforts are generating important new information on the effectiveness of alternative social services and approaches to their delivery.

Thus far, the only systematic attempts to assess the outcomes of new programs in child development have been the recent follow-through and planned variation studies developed as an outgrowth of Head Start and the relatively modest Parent Child Development Center project. However, these studies do not meet many of the criteria of rigorous scientific experiments, including random assignment and an overall design permitting some control or at least assessment of the influence of variables external to the program.

The design of social experiments and rigorous evaluations is neither simple nor inexpensive. Experience with the Parent Child Development Center project indicates that unless considerable thought is given to program design and evaluation prior to implementation, there is little chance of controlling either program administration or outcomes (see Goslin 1974). Researchers and policy makers must be aware of the problems that exist in the formulation of any new programs, experiments, or evaluations:

- Social action programs usually have multiple goals; hence, simplistic assessments of outcomes are likely to miss aspects of programs that both managers and participants feel are important.
- Costs and results are likely to accumulate at uneven rates, and substantial investments of time and money are often necessary before any outcomes can be discerned.
- A crucial and often uncontrollable variable in any social experiment is the extent to which actual implementation follows the original program design. Both program direction at the local level and adequacy of overall management are therefore critical elements of social experiments. All parties should recognize that a major cost of effective experimentation and evaluation is lack of freedom to alter programs at the operating level.
- The large number of variables that are of interest leads to costly designs if adequate controls are to be maintained.
- Because reasonably objective, relevant, and convincing measures of outcomes are not readily available in most cases, extensive developmental work on such measures is necessary before programs begin if baseline data are to be collected.

- Practitioners and program managers may resist evaluations that include assessments of their own performances.

In spite of these obstacles, the Committee believes there are opportunities in child development for more systematic experimentation with proposed programs and evaluations of existing programs. Experimentation and evaluation can contribute much to knowledge about child development and to the design of effective programs.

The Committee is not urging a conservative approach to program innovation. The nation should not wait to act until it is "known" that a program will work but should experiment, innovate, and be open-minded in seeking solutions to social problems, recognizing at the same time an obligation to obtain the best information available on the outcomes of both established and innovative programs. Evaluation is hard work, easily misleading if done poorly, and not to be undertaken unless well planned. Enthusiasm for measuring the effectiveness of social programs should be balanced by a sense of responsibility to ensure both information feedback and confidence in the quality of that information.

THE DEVELOPMENT OF SOCIAL INDICATORS ON CHILDREN[2]

As noted throughout this report, data on the state of the nation's children are sparse. In order to provide for the well-being of our children, more information should be available about their day-to-day living conditions, how they are developing in their ordinary life course, and how they are affected by proposed social changes.

Social indicators on children are statistical time-series data that measure changes (or constancies) in the health, behavior, and well-being of children and the condition of their lives. To produce such indicators requires that identical measures be repeatedly applied over time to comparable populations of children. Indicators on children can put the results of child development research into a broader social perspective and aid the nation in forming child development policies. The successful development of social indicators on children depends largely on the work of federal statistical agencies, but the interest and participation of child development researchers will also be required if national statistics on children, and the analysis and interpretation of trends in such statistics, are to be improved.

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[2] The Committee expresses its appreciation to Dr. Nicholas Zill II for providing much of the material incorporated in this section of its report.

Data Presently Available

National statistics on children vary greatly in availability, quality, adequacy of population coverage, geographic scope and detail, continuity, and comparability over time. The best national trend data are basic statistics on how many children live in this nation, their sexes and ages, where they live, and whether or not they are enrolled in school. These statistics come from such well-established federal sources as the decennial censuses and the Current Population Survey, which also provide us with most of what we know about the basic conditions of children's lives: the types of housing in which they live, whether their parents live together, whether their parents work, and the approximate amounts of their families' annual incomes.[3] These data have been collected on an annual basis for almost 30 years, but they have not been routinely tabulated and reported in formats usable for studies focusing on children.

In contrast to the regular time-series data on the economic and social characteristics of families with children, information on the care children receive in this country has been sporadic at best. We know that the number and the percentage of children whose mothers are in the labor force have been rising over the last 30 years and that the increases have been most striking for mothers with children under 6 (Waldman and Whitmore 1974, Bronfenbrenner 1975). Yet, as we have seen, little is known about the arrangements for child care and early education that are available to working parents, the arrangements they actually use, and the arrangements desired by them and by families with a non-working parent. For many years, demand estimates and policy debate on subsidized day care have been based on one nationwide survey of child care arrangements, published in 1968, which covered mothers who had worked in 1964 (Low and Spindler 1968). Despite the need for current data, it is only now, 12 years after the original survey, that a replication of that study is being conducted.

Statistics on changes in the living conditions of children in America are extremely uneven, the quantity and quality of available data depending on whether the focus is on physical, educational, psychological, or social aspects of child development. Trends in the physical health and growth of American children are most well known. Less is known about changes in their intellectual development and educational achievements, although this kind of knowledge is rapidly expanding due to a relatively new federal assessment program. Trends in the psychological well-being of American children and changes in their social development are least known.

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[3] The survey data are published in *Current Population Reports* of the U.S. Bureau of the Census. Series P-20 provides data on population characteristics, and Series P-60 provides data on consumer income.

Physical Health National data on child health and physical development are generated by the data collection programs of the National Center for Health Statistics.[4] The vital statistics system compiles data on births and deaths and provides some time-series data of the longest duration, such as those on infant mortality rates and low birth-weight ratios. The Health Interview Survey collects reports from parents on children's recent episodes of illness, injuries, and contacts with medical services, providing such indicators as the average number of days per year American children spend in bed or lose from school due to illness and the percentage of children who have not seen a doctor or a dentist in the last 2 years. Data on children's use of medical services are collected through the Hospital Discharge Survey and through the new Ambulatory Care Survey, which collects information on patient contacts from a national sample of physicians, including pediatricians.

In the Health Examination Survey, a probability sample of adults and children receive physical examinations and medical testing in mobile vans. This program provides such indicators on children as the prevalence of defective vision, the average height of 10-year-olds, and the number of children with untreated tooth decay. In the 1960s, two cycles of the Health Examination Survey focused specifically on children and adolescents and included extensive psychological testing as well as the collection of behavior reports from parents and teachers.

Educational Achievements The state of our knowledge of trends in the educational achievements of American children is illustrated by a report prepared for the Office of Education called *Reading Achievement in the United States: Then and Now* (Farr et al. 1974). After reviewing a wide range of available data, the authors found it "nearly impossible to obtain definitive evidence regarding such a simple question as: Are children reading better or worse now than 10 or 20 years ago?" (p. 139). They note: "Though one can easily find cabinets full of test scores in virtually every school system in this country, these sources generally turn out to contain little information relevant to the issue of the longitudinal monitoring of performance" (p. 138).

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[4] These data are published in the *Vital and Health Statistics* series of the U.S. Department of Health, Education, and Welfare; see Series 1: Programs and Collection Procedures (nos. 5, 8, and 10); Series 2: Data Evaluation and Methods Research (nos. 15, 61, and 63); Series 10: Data from the Health Interview Survey; and Series 11: Data from the Health Examination Survey.

Fortunately, the situation is improving because of the National Assessment of Educational Progress (NAEP) and various state assessment programs now being created. NAEP is designed as a periodic national survey of the knowledge, skills, understanding, and attitudes of young Americans in 10 subject areas (NAEP 1974)—science, citizenship, writing, reading, literature, music, social studies, mathematics, art, and career and occupational development. Each year, series of written and performance exercises in two subject areas are administered to in-school samples of 9-, 13-, and 17-year-olds and to household samples of 17-year-old early graduates or dropouts and young adults aged 26–35.

Baseline assessments have been completed in all 10 subject areas, and the first report on changes in achievement over time has been published (NAEP 1975). It shows that achievement in science declined slightly for all age groups from the first assessment (1969–1970) to the second assessment (1972–1973). Although NAEP has been criticized for failure to collect sufficient background information on students in the survey and for the lack of causal analysis and policy-relevant data in assessment reports, the project is succeeding in its principal objective of assessing changes over time in educational achievement in the United States.

Psychological Well-Being and Social Development There are no government survey programs attempting to assess the social development or psychological well-being of American children. Well-validated instruments to measure these characteristics do not even exist. Hence, discussions of changes over time in the psychological health and social behavior of children must rely not on careful analysis of scientific data but on institutional records, such as juvenile arrest rates or the number of admissions to psychiatric facilities. Administrative statistics such as these have serious limitations as indicators of change: they are subject to distortion by changes in administrative definitions and practices; they provide little background information on the children who are counted as "cases"; and they reveal nothing about children who do not come into contact with particular agencies or services.

We know, for example, that the use of psychiatric services by young people under 18 years of age in the United States has been increasing in recent years (National Institute of Mental Health 1973). But we do not know the meaning of this trend. Are there now more psychologically disturbed children and adolescents in this country than in previous years? Or has the greater availability and acceptance of psychiatric care meant that more children with behavior problems are receiving professional attention to such problems? We cannot answer such questions or clarify the meaning of administrative statistics without well-designed instruments to obtain survey-based data on the psychological well-being and social development of children in the general population.

The Role of Government

Government is the chief producer of national social indicators and also sponsors and conducts most of the large-sample, large-budget, high-quality surveys in the United States, especially the recurrent ones. The kind of statistics produced by government agencies largely determines the substantive scope, time depth and frequency, and the precision of the available social indicators on children. Our knowledge about social change in America depends on how federal statistical agencies present their data as well as on the content of those data.

An important component of the successful development of social indicators on children, therefore, is a cooperative relationship among those federal agencies that have statistical or policy responsibilities related to the care, well-being, and development of American children. The number of agencies with some involvement in data collection on child care or child well-being is large and includes such diverse organizations as: the Bureau of the Census (Department of Commerce), the Bureau of Labor Statistics (Department of Labor), the National Center for Education Statistics, the National Center for Health Statistics, the National Center for Social Statistics, the National Center for Child Abuse and Neglect, the National Institute of Mental Health (Department of Health, Education, and Welfare), the National Criminal Justice Information and Statistics Service, and the Institute for Juvenile Justice of the Law Enforcement Assistance Administration (Department of Justice). Better cooperation and coordination among the federal statistical agencies should lead to more thorough and sophisticated analyses of the data that relate to children as well as to timely, interpretive reports of the findings of such analyses.

The agencies should make the indicator content of their output and its tabulation and presentation more useful to those working on child development policy and research, and federal statistical data relating to children should be made better known and more readily available to analysts and child development researchers outside the federal government. This would require better documentation and dissemination of available data files, more public use tapes, and perhaps the creation of an intermediary agency to facilitate private research with government data, for example, as Data Use and Access Laboratories (DUALabs) does for census data.

The appropriate government agencies should conduct or sponsor replications of the major baseline studies they undertake. The replication of important federal surveys relating to children, such as the comprehensive nationwide study on child care arrangements (see Waldman and Whitmore 1974), would allow for the measurement and analysis of change over time in the characteristics, settings, and services of America's children.

Agencies with research grant and contract programs should join in the syndicated sponsorship of national surveys of children, by supporting a particular line of inquiry especially relevant to the agency's mission (e.g., buying time or questions in an omnibus survey) or by supporting investigators on the research teams that would conduct such surveys. Such surveys could lay the groundwork for the eventual adoption of a national survey of children as a continuing project of one of the federal statistical agencies. If national surveys are to provide data for a regular system of social indicators on children, some mechanism will have to be developed to ensure the perodic replication of the surveys for trend measurement and analysis. Incorporation of such surveys into the regular data collection programs of a federal agency would be one way of accomplishing this.

The Committee recognizes the danger of collecting and maintaining ever more data on families and children. We therefore recommend that adequate safeguards for accuracy and personal privacy be included in all data collection activities, and that, whenever practicable, data be collected and maintained in a form that does not identify particular children or families.[5]

The Role of Child Development Researchers

Child development researchers should be active participants in developing and improving social indicators on children. Among the contributions that such experts can make are the standardization and replication of child development measures, the creation of new measurement methods, and more research on the effects of social change on children.

Although the emphasis in developing and improving social indicators is on standardization and replication, there is a real need for the development of new methods of measurement to capture aspects of child development that cannot be assessed adequately with existing instruments. The most pressing need is certainly in psychological and social development. Behavior observation techniques that are practical and reasonably economical to apply in large-sample, limited-time surveys are also needed.

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[5] See National Research Council (1975) for a discussion of some of the issues involved in protecting individual privacy in the course of government-sponsored research and of some of the techniques for carrying out statistical analyses without individual identification.

Child development researchers should devote more attention to the design and analysis of studies that measure changes over time in the condition of children and the causes of those changes. This means sacrificing some of the precision of the laboratory in order to learn about children's behavior and development in natural environments. It means deeper concern with questions of representative sampling and variables that are traditionally left to economists and sociologists. It means learning to apply sophisticated analysis techniques, such as cohort analysis and causal path models, to chart trends and decipher the meaning of observed changes.

Students of child development should be encouraged to do replication studies and secondary analysis with available survey data on children as an alternative to collecting small samples of data with untried measures. Data tapes for public use are available from a number of government surveys that relate to children, such as those noted above. There should be more research projects in child development making use of these large-sample data sets that have been collected at substantial government expense and have yet to be adequately mined for studies of social change.

To pursue the directions for future research recommended by the Committee will require the efforts of both researchers and policy makers at all levels of government. To study large-scale influences on children, a more diverse group of behavioral and social scientists should be involved: economists, historians, lawyers, political scientists, and sociologists. Augmenting traditional avenues of research, they can examine the effects of macro-institutions on the lives of children and can work with developmental psychologists, social workers, child psychiatrists, and pediatricians to analyze the effects of the society on children.

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APPENDIX

Research on the Effects of Day Care on Child Development

URIE BRONFENBRENNER

One of the essential components of any comprehensive program designed to assist families with young children at risk is the provision for some form of substitute child care when the parent or parents are at work or ill and no other caretaker is available. The effect upon a child of such substitute care in its various forms is a critical issue and group versus family care is the most common concern. A related concern is the influence of a qualifying factor: the length of time a child is left in substitute care, for example, part-time versus full-time day care.

These issues were originally raised in the perspective of theory and research relating to the effects of institutionalization on the behavior and development of young children (Bowlby 1951, Spitz 1945). It is now generally recognized, however, that the debilitating effects found come about only when extreme physical and social deprivations occurred for an extended period of time. Hence, the effects of early deprivation on development of animal and human young[1] do not apply to the effects of substitute care if it is provided, as it is in the majority of cases, in a stimulating physical environment by experienced caretakers and if it involves only a temporary separation from the parent(s).

The possibility remains, however, that even with high-quality care, differences may exist in the behavior and development of children as a function of the type of care received. Well-designed research studies relating to this issue are few,[2] but they do provide important information and a basis for some tentative conclusions on four topics: differences in the type of care and experiences provided; effects on cognitive development; the relationship between day care and attachment; and the effects on motivation and social behavior. The remainder of this paper is a discussion of these topics.

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[1] For a comprehensive review of the substantial body of related research see Newton and Levine (1968), especially the final integrative chapter by the author of this Appendix.

DIFFERENCES IN TYPE OF CARE AND EXPERIENCES PROVIDED

Two observational studies, one conducted in the United States (Prescott 1973) and the other in Sweden (Cochran 1974a, 1974b), have documented differences in both caretaker behavior and the experiences available to a child in group day care, family day care, and the child's own home. In both countries, despite considerable variation from center to center and home to home, systematic differences in child care and experience were found, especially between group and family settings. Specifically, interactions with adults were more frequent and intense in home settings (both family day care and own home) than in centers. In both societies, the home situation appears to have provided more opportunity and initiative for cognitive exploration; Cochran (1974b) discusses this in detail:

> The interactions which distinguish the homes from the centers were *cognitive verbal* (reading, labeling, face-to-face verbalizing) and *exploratory* in nature. The exploring in the homes involved a child's playing with objects not designed to be played with (plants, pots and pans, mother's lipstick, etc.).

This last circumstance relates to a qualitative difference in adult–child interaction reported by Cochran (1974b):

> There were more instances where negative sanctions were applied in the homes than in the centers, and these instances often involved the exploring by the home or day home child of "no-no's" not available to children in the centers.

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[2] A major methodological pitfall in studies of various types of child care is the failure to control for differences in the family backgrounds of the children (income, education, family size, father-absence, mother's working status, etc.). Because of their uninterpretable and often contradictory results, studies with inadequate controls have been eliminated from consideration here. Also excluded as beyond the scope of day care in terms of purpose and practicability are experimental programs specially designed to provide cognitive enrichment for preschool children, particularly from low-income families. For a comprehensive evaluation of such programs see Bronfenbrenner (1974) and White (1973).

Although the differences observed were substantial, they must be interpreted with caution. The number of centers and family day care homes represented in both studies was not large (between 12 and 34 of each type in each country). More importantly, the children in both samples came mostly from intact, essentially middle-class families and the substitute care was of good quality. The pattern of results might have been rather different for low-income families or for day care programs of poor quality. With respect to the higher levels of adult–child interactions in family settings, Cochran points out (1974a) that the presence of an observer is a much less common event in the home than in the center, and the observer's presence may have inflated the tendency of the caretaker in the home to engage in verbal exchanges with the child. Finally and most importantly, the fact of differences in the physical setting or the behavior of the caretaker does not by itself imply an effect on the behavior and development of the child. Several studies provide data relating directly to the effects of type of care on the child.

EFFECTS ON INTELLECTUAL DEVELOPMENT

Of four comparative studies of children reared in day care versus home care that provide data bearing on cognitive performance, none revealed any substantial differences.

Cochran (1974a,b), in the research previously mentioned, tested 120 subjects successively at 12, 15, and 18 months of age with the Griffiths Mental Development Scale. No significant differences in total score for the three day care groups were found, and the means for the three groups were quite similar.

Winett et al. (no date) studied 81 children, 3–5½ years old, reared in four types of settings: (a) child care centers for the full day, (b) baby-sitter care with one to four other children present for the full day (in other words, family day care), (c) child care center or baby-sitter care for half-days, and (d) home with the mother all day. The children came from intact, mostly white, middle-class families and had been in the given setting for at least 9 months. Since all the child care center programs included a cognitively oriented curriculum, the major hypothesis of the study was that children in full-time group day care would score higher on intellectual, social, and linguistic measures than youngsters in the other three types of settings.

Of the four tests of psychological development that were administered—the Illinois Test of Psycholinguistic Abilities, the Peabody Picture Vocabulary Test, a social developmental scale, and a preschool scale specially developed for the study—only the last showed significant differences across the four groups, after control for possibly confounding family background variables. That instrument measured number and letter recognition, printing and counting abilities, short-term memory, and knowledge of simple addition and information facts. The highest mean on this measure was achieved by the group exposed to half-day substitute care; the next highest mean was achieved by the children cared for by their mothers at home; children in full-time group day care were next; and those cared for by a baby-sitter received the lowest scores. On the basis of that result, the authors concluded:

> While these data can be interpreted as suggesting that children in alternative childrearing situations are not harmed by their experience, it can also be seen as somewhat disappointing and not supportive of some of the original hypotheses, which predicted superior performance by day care children. This was particularly surprising since all the centers had "preschool" programs which would presumably enhance a child's score on the Peabody Picture Vocabulary Test, the Illinois Test of Psycholinguistic Abilities, and the preschool screener.

Caution is indicated in the interpretation of what the authors view essentially as a finding of no difference. To begin with, although the results for the other three measures of cognitive performance were all non-significant, the rank order of the means on each test was exactly the same across the four child settings as for the significant results of the preschool scale, with the youngsters receiving full- or part-time care in the family scoring higher than those in full-time substitute care. However, even if all the differences had been reliable, we still would not know whether exposure to the different types of child care had any lasting effect on the children: for example, how would it affect their subsequent school performance?

A third study, conducted by Schwarz et al. (1974), differs from the two preceding studies in three important respects. First, the assessments of cognitive function were not based on psychological tests but on systematic observations of children's behavior in a preschool setting. Second, while the children in the two previous studies had typically been in substitute care for less than a year, Schwarz's day care subjects had been in a high-quality infant day care program continuously from about 9 months of age. Third, the sample of 19 pairs was drawn from families of lower socioeconomic status than that represented in the two previous studies. About half of the parents had not completed high school, and in almost half of the homes the father was absent.

After 4 months in an unfamiliar child care center, and again 4 months later—when they were between 3 and 4 years old—the children were rated by both teachers and trained graduate student observers on nine behavior scales. Although highly consistent and significant differences were found in the emotional and social spheres, no reliable effects were found for the three cognitive variables: problem solving, ability to abstract, and planfulness. The negative findings are corroborated by the results of an earlier study employing the same day care children as subjects (Lally et al. 1971). A comparison of the two groups revealed no significant differences in measures of intellectual development, such as the Stanford–Binet.

All three of the foregoing studies are limited to the immediate effects of type of care on cognitive development. There is the possibility of longer-range consequences that do not become apparent until later; only one investigation examines that possibility, although far from definitively. In contradiction to their hypothesis on the advantages of cognitive development, Fowler and Khan (1974) found essentially no difference in Binet IQ at age 5 between 11 matched pairs of day care and home-reared, middle-class children 3 years after graduating from an "enriched" program in which they had been enrolled during the first 2 years of life.

Taken as a whole, the findings on the influence of type of care on intellectual development are essentially negative but, again, must be interpreted with several important qualifications. First, the results are based on only a few studies. Second, the day care centers represented are small in number and of high quality. Third, and most serious, the available data on possible long-range effects are limited to a single study with a single measure (IQ) based on a sample of only 11 pairs of children and providing information only through the fifth year of life. It may be that the type of child care does make some difference in other aspects of cognitive development or that the effects do not become apparent until the child enters school. We do not and will not know the significance of type of care on cognitive development until follow-up studies are carried out.

Given these uncertainties, no firm conclusions can be drawn about the impact of day versus home care on the cognitive development of children.[3] All that can be said is that the existing evidence does not justify claims for the superiority of one setting over another insofar as intellectual growth during the preschool years is concerned.

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[3] A somewhat clearer picture is available for experimental preschool programs specially designed to provide cognitive enrichment for young children from low-income families. Compared to matched no-treatment controls, those enrolled showed greater gains in cognitive function, as measured by standardized tests, but the differences tended to disappear once the program was over and the children entered regular school. A possible exception was noted for intervention strategies involving high levels of participation by the parent in activities with the child, but such programs appeared to attract and hold children primarily from the least disadvantaged families. For a comprehensive evaluation see Bronfenbrenner (1974) and White et al. (1973).

DAY CARE AND ATTACHMENT

Paradoxically, the evidence on the effects of day care is least conclusive with respect to attachment behavior—the issue of greatest initial concern and the one to which most attention has been given in research. A number of psychiatrists and psychologists have argued, primarily on the basis of propositions derived from psychoanalytic theory and from research on institutionalized children (e.g., Baers 1954, Bowlby 1951, Goldfarb 1943, Ribble 1943, Spitz 1945), that any arrangement depriving the child of continuous access to its mother impairs the development of a strong attachment between the mother and child and thereby adversely affects the child's emotional security in general. This orientation has generated a now-massive body of research (Maccoby and Masters 1970, Ainsworth 1973) on mother–child attachment, separation, and their effects, particularly on the child's response to strangers in strange situations.

Working from this perspective, five investigators have compared the emotional responses of children reared primarily in day care with those of children reared primarily in home environments. Ricciuti (1974) examined reactions to a stranger after separation from the mother in two matched groups of 10 infants. Those in the first group had been placed in an experimental nursery at the ages of 2–6 months. When observed, the infants were in their second year of life and had been in group care for 8 to 10 months: 6 for the full day, 4 for half the day. Infants in the matched control group were without group care experience. Ricciuti reports that "there was a substantially greater negative reaction to the stranger following the mother's departure in the day care sample . . . than in the non-day care group." Moreover, "six of the day care children, in contrast to three in the non-day care group, were sufficiently upset to require mother's return." Given the small number in the study, however, neither of these differences was statistically significant.

Moreover, because the day care children had been brought to an adjoining building for the purposes of the experiment rather than to the familiar nursery, Ricciuti suggests that the experience may have been more dissonant for the day care than for the home-reared infants, although the latter, of course, were also in unfamiliar territory. Finally, in another phase of the study, day care infants, compared with those raised at home, were somewhat more willing to approach a group of older preschoolers when given an opportunity to do so, with the mother nearby but out of direct vision.

Working with Swedish infants of about the same age, Cochran (1974a) conducted a similar separation experiment, but in the child's home rather than at a child care center. Two indices of separation anxiety were employed: crying and attempts to follow the mother. Although the day care children were somewhat more likely to cry upon the mother's departure, the difference was not significant, and "following" scores were very similar for the two groups. There was also no difference between the groups in the children's use of security objects such as blankets, stuffed animals, and pacifiers.

Caldwell et al. (1970) evaluated children's attachment to their mothers in a sample of 41 2½-year-olds, 18 of whom had been enrolled in a high-quality center program from the time they were about 1 year old.[4] The other 23 children had received primary care from their mothers from birth. Most of the subjects were from lower-class families and one-quarter of them had no father in the home. Assessment of the child's attachment to its mother was based on ratings on seven scales made by a staff member after an intensive, semistructured interview with the mother. None of the ratings showed a significant difference between the two groups.

Two observational studies revealed an advantage in emotional adjustment for children with prior day care experience. Schwarz and Wynn (1971) investigated the factors affecting children's emotional reactions to starting nursery school. They found a difference in the degree of distress exhibited after separation from the mother between children who had spent time and those who had not spent time in the absence of the mother with a group of other children for at least 1 hour weekly for 1 month. Observations were made at the point when the mother left after having brought her child to the nursery school, periodically thereafter throughout the first day, and in follow-up sessions 1 week and 4 weeks later. An overall measure of distress at separation (based on such behavior as clinging to the mother, crying, or resisting entry into nursery activities) revealed a significantly higher score for children without prior group experience. No reliable differences in emotional reaction or social behavior were detected, however, less than 1 hour later, or in the two follow-up sessions at 1 and 4 weeks.

Schwarz and his associates also built into their research two important experimental manipulations that were counterbalanced to permit an independent assessment of the effect of each. For a random half of the children, with and without prior group experience, the mothers brought their children to the nursery for a 20-minute visit with the child's future teacher during the week preceding the start of school. The other half were not given an opportunity for such a warm-up experience. Cutting across this experimental treatment in a balanced fashion was another manipulation, in which half the mothers were encouraged to remain at the nursery for 20 minutes for the first session, while the other half were asked to depart as soon as the children hung up their coats. Contrary to the author's hypothesis, neither of these strategies designed to reduce distress upon separation from the mother showed significant main effects.

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[4] These same children were used almost a year later as subjects in the observational study by Schwarz et al. (1974), described above.

The authors summarize the results and conclusions of the entire study as follows (p. 879):

> . . . children who had had prior group experience on a regular basis outside of the home were less apprehensive about the mother's departure. However, even this difference was not detectable beyond the first 40 minutes of nursery school. These results suggest that most children in *comparable samples* will readily adapt themselves to the nursery school situation without special procedures and that previsits and the presence of the mother are not effective in reducing adverse reactions to nursery school.

In a second study, Schwarz et al. (1973) used as subjects the same day care children employed in Caldwell et al.'s investigation (1970) at a point when they had just been transferred to a new child care center and were thus having to adjust to a new environment. The controls consisted of children without prior day care experience matched on age, sex, race, and parental education and occupation. Observations were made of the children's behavior during the first day at the center with a follow-up 5 weeks later. Attention was focused on signs of tension versus relaxation, expressions of positive or negative affect, and extent of social interaction with peers. The authors summarize the results of the second investigation as follows (p. 344–46):

> . . . the findings of the present study failed to support the view that the early day care experience leads to emotional insecurity. On the contrary, the early group exhibited a more positive affective response upon arrival in the new day care setting and tended to remain happier than the matched group of new day care children through the fifth week. If the many hours of separation from home and parents (occasioned by early enrollment in day care) had produced insecurity, one would have expected the early group to be unhappy, tense, and socially withdrawn or "clingy" in reaction to the uncertainty of being left in a new facility with a lot of unfamiliar adults and children. Instead their initial affective reaction was on the average positive, whereas that of the non-day care group was initially negative. The early group, rather than being withdrawn and "clingy," exhibited a high level of peer interaction, significantly higher than that of the late group and tended to be less tense than the late group . . . It may be concluded that no evidence

was found for the proposition that infant day care with its attendant separation from the mother leads to emotional insecurity. On the contrary, early-day care subjects were more comfortable upon entering a new group care setting than non-day care subjects. The greater security of the early group may have derived, in part, from the presence of peers to whom they had developed strong attachments.

Strikingly different results and conclusions, however, are reported in an experiment by Blehar (1975). Her subjects were 40 children between 2 and 4 years of age from intact middle-class families. Half of the children had been enrolled in full-time day care at several different centers for about 5 months, and half had been cared for by their mothers at home. The research procedure was the usual one of observing a child's reaction to a stranger after the departure of its mother. In this instance, the experiment was carried out in an unfamiliar room at the university. Under these circumstances, there were marked and reliable differences in the behavior of the two groups of children. Upon being left with the stranger, the day care group showed significantly more signs of separation anxiety (as evidenced by such behavior as crying, attempting to follow the mother, and a decrease in exploratory behavior) and resistance and hostility toward both the stranger and the mother upon her return, in contrast to more positive responses on the part of home-reared children. Moreover, in the day care group the intensity of the negative reaction was greater for the older children (age 3½) than for the younger ones (age 2½), while in the home-reared group the older children were less disturbed by the separation. Blehar interprets (p. 295) her findings as indicating "qualitative disturbances in the mother-child relationship in day care children . . . attributed to the descriptive effects of frequent daily separations." At the policy level, she raises the issue (p. 295) "of whether alternative methods of care, such as family day care or part-time group care are more suited to young children's needs than full-time group care."

The issue is indeed an important one; yet there are questions to be raised about Blehar's conclusions. First, one must ask whether day care is indeed the crucial factor. For there is the possibility, acknowledged by Blehar, that in the absence of random assignment, the results may be due to differences between two groups that pre-existed the day care experience. To be sure, Blehar went to considerable effort to ensure comparability in the personal characteristics and family backgrounds of the day care and home-reared children: they were matched in age and sex, and all came from intact middle-class families. To check on possible differences in the home environment and child-rearing practices, Blehar administered the Caldwell Inventory of Home Stimulation, an instrument based on observations of mother–child interactions during a home visit and on the presence or absence of such items as books, toys, or pets. No differences were found between the two groups in total scores for the inventory or any of its subscales, nor did the mothers differ on a Q-sort measure of maternal empathy and social sensitivity. Since there were more firstborn children among day care than home-reared children, Blehar checked for possible differences in attachment behavior as a function of birth order. Again, the differences were non-significant. Nevertheless, the question remains whether a family that places a child under the age of 3 in full-time day care may differ from one that keeps the infant at home, with respect to goals and methods of child rearing, in ways that would not be detected on an inventory of the home situation yet could result in differences in the child's response to a strange adult in a strange situation.

There is also the problem of reconciling Blehar's results with the essentially contradictory findings of other investigators. With regard to the Ricciuti and Cochran studies of infants in the second year of life, Blehar's findings are not really challenged since there is ample research evidence (compare Newton and Levine 1968) that a distinctive mother–child attachment is not yet fully developed among infants under 2, so that maternal separation is not likely to be traumatic. As for Caldwell's negative results with 2- and 3-year-olds, it can be argued, again justifiably, that her conclusions are considerably weakened by the indirect and possibly subjective character of the data (i.e., interviewers' ratings based on inferences from mothers' comments about their children's behavior).

With regard to the finding of Schwarz and Wynn (1971) and Schwarz et al. (1973) that children with prior experience in group care showed a better adjustment to entering an unfamiliar day care setting, a closer examination of the procedures and data in these studies leads to some important qualifications of both the results and the interpretations. It will be recalled that, in the first research on reactions following separation from the mother on the first day of nursery school, significant effects as a function of prior group experience were short-lived and no longer detectable after the first 40 minutes of nursery school, let alone in the follow-up observations 1 week and 4 weeks after this critical event. Moreover, in the second Schwarz study of adjustment to a new day care environment, significant differences ($p \leq 0.05$) in emotional reaction were also restricted to observations made on the first day while the newcomers were hanging up their coats and for 2 minutes thereafter. During this initial period the home-reared children cried, pouted, or whimpered and expressed intense dislike more often than they laughed, giggled, or verbally expressed strong liking. In addition, according to information provided in the original report, on the first day all of the home-reared children had arrived by bus so that their parents did not accompany them to the center, while one-third of the youngsters with prior day care experience were accompanied by their parents. In other words, the children in the first group were being observed just after they had been separated from their parents to enter a new and strange environment for the first time. Given Blehar's theoretical perspective, one could argue that the greater distress exhibited by Schwarz's home-reared group under these circumstances is consistent with rather than contradictory to her findings.

It will be recalled, however, that in Schwarz and Wynn's earlier study (1971), in which all the newcomers had been accompanied by their mothers, it was the children without prior peer experience who were the most distressed. Neither a prior visit to the nursery nor a lapse of time before the mother's leaving allayed the child's distress once she departed. Also, in Schwarz's second study, home-reared children compared to those with prior day care experience still showed lower levels of interaction with peers 5 weeks after entering into the new center.[5]

In the light of these facts, how are we to reconcile Schwarz's clear and consistent findings that home-reared children show greater distress and poorer adjustment in a new day care environment with Blehar's equally salient and reliable results documenting more acute anxiety, resistance, and hostility in the reactions of day care children left with an unfamiliar adult in the strange situation experiment?

This brings us to the third and most critical question challenging Blehar's conclusion: What does the child's behavior in the strange situation actually measure? Though the differences reported by Blehar are substantial, reliable, and logically consistent, they do not, in our view, establish a case for "qualitative disturbances in the mother–child relationship." The term "relationship" implies an enduring, generalized pattern of reciprocal feelings and acts that cut across both time and setting. But Blehar's results were obtained in a situation that was at least unusual, if not artificial, and one that rarely occurs in the life of a 2- to 3-year-old: the child was brought to an unfamiliar room in an unfamiliar building, its mother sat in a chair reading a magazine, a person then entered whom the child had never seen before, and after a few words of conversation the mother left her child with a complete stranger who remained passive, responding only to the child's initiative. Under these circumstances, most children have shown signs of anxiety and some have exhibited resistance toward both the stranger and the mother upon her return (Maccoby and Masters 1970, Ainsworth 1973). In Blehar's experiment, children who had been in a day care center exhibited these reactions to a greater degree than children who had been cared for at home. It is one thing to conclude that the children cared for in a center experienced greater distress at being left with a stranger in a strange situation; it is quite another to generalize from the same evidence and attribute disturbance to the total mother–child relationship as it manifests itself in other situations and at other times.

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[5] We shall consider the implication of this finding below in reviewing research on the effects of day care on the group behavior of children.

The last phrase calls attention to another significant limitation of the strange situation experiment. In Blehar's research, as in all others that have employed this procedure to date, the child is left alone with the stranger for only a short time—3 minutes in those studies. Moreover, in the earlier Schwarz study, the significant differences in distress initially manifested by children with and without prior group experience were no longer detectable within 40 minutes after the mother's departure. The question arises, therefore, as to how long the child's distress in the strange situation experiment would last, especially if other children were present, and, more significantly, how the situation and the child's reaction can be generalized to the rest of its life.[6] In particular, the implication that the intensity of expressed distress reflects impairment of the emotional bond between mother and child must wait until solid research deals directly with this question. Hence, on the basis of the available evidence, the conclusion that group day care results in qualitative disturbances in the mother–child relationship seems, at the very least, premature.

Just as the existing data do not warrant regarding day care as an emotionally harmful experience, they do not rule out the risk of some negative effects. Given Blehar's findings, as distinguished from the broad interpretations she gives them, the possibility exists that the same psychological forces leading the young day care child to be more anxious with a stranger in a laboratory experiment may induce some measure of dysfunction in other, more common, situations in everyday life. It should be kept in mind that in both the studies favoring children with prior experience in group care (Schwarz et al. 1971, 1973), the children were being observed at the center with age-mates present.

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[6] It is such limitations of rigorous, but artificial, laboratory experiments that have led the Committee to recommend extending well-designed experiments to real-life situations (see Chapter 8).

When seen in situations without peers, such children have not exhibited a better adjustment. On the contrary, in Blehar's experiment, after only 5 months of day care, they showed significantly greater distress, and, in the Ricciuti and Cochran studies, similar but nonsignificant trends were found among infants at an age before the mother–child attachment is yet fully developed. To be sure, two of these experiments (Blehar and Ricciuti) were conducted in a strange and artificial laboratory situation, but the third attempt (Cochran 1974a,b) was carried out in the child's own home. It may be, therefore, that, by 3 years of age, day care children do display less adaptive responses to stressful situations: (a) when age-mates are not present, (b) under conditions that are not artificial, and (c) in situations that could occur fairly often in everyday life—for example, being left with a new baby-sitter, staying overnight in a strange place, or even experiencing frustration in a familiar setting such as the home. Accordingly, until research is carried out comparing the behavior of day care and home-reared children outside the center or other peer-group setting, the possibility that children raised in full-day group care may be less adaptive to stress and less secure in relations with adults remains an open one. Indeed, as discussed in the next section on social behavior, research evidence does indicate that children in day care, compared to age-mates who remained at home, exhibited more negative reactions to adults and were described as slower in the acquisition of some adult cultural values.

In light of these circumstances, prudence dictates that the possibility of negative emotional consequences of extended group care for children under 3 years of age be considered in public policy and practice and that programs be designed to foster the development of stable emotional relationships between children and their principal caretakers. In this regard, Ricciuti and Poresky (1974) have demonstrated that, along with the mother, a familiar caretaker becomes a significant attachment figure for the infant in day care as early as the first year of life. Their research points to the importance of a relatively high degree of continuity and stability in day care staff and the importance of ensuring high ratios of adults to children, especially for infants under 3 years of age. In addition, the findings in one experiment that neither an advance visit with the mother to the nursery (in the absence of other children) nor her remaining for 20 minutes on the first day was effective in reducing the child's distress upon her departure should not deter researchers and practitioners from experimenting with other arrangements that might enable parents to enter frequently and for more extended periods into the day care setting and to engage in activities jointly with a young child and its principal caretakers.

EFFECTS ON MOTIVATION AND SOCIAL BEHAVIOR

The most clear and consistent differences between home-reared children and those receiving day care appear in motivation and social behavior in group settings. The most recent and comprehensive data on this topic are reported in the latest (Schwarz et al. 1974) of what is in effect a series of panel studies of the same sample of children at the Syracuse Children's Center (Caldwell et al. 1970, Schwarz and Wynn 1971, Lay and Meyer 1973, Schwarz et al. 1973). As described earlier, these data consist of ratings of 19 matched pairs of 3- to 4-year-olds on nine behavior scales, 4 months after the children had been enrolled in a new day care center and again 4 months later. It was the first substitute care experienced by the home-reared youngsters, while the others had been in group care at another center since about 9 months of age.

The two groups differed significantly on three of the nine scales. Most markedly, day care children exceeded their home-reared counterparts in measures of aggression, both physical and verbal, toward both peers and adults. They were also less cooperative in relation to adults and engaged in more running about than sitting in one place. An additional difference, significant at the 10-percent level only, suggested greater tolerance for frustration among home-reared children (as reflected in the ability to accept failure and to be interrupted). While the Schwarz et al. (1974) investigation detected no difference between the groups in the ability to get along with peers, another observational study of what appear to be the same samples at about the same time (Lay and Meyer 1973) indicated that the day care children interacted more with age-mates than with adults while the opposite was true for the children brought up at home. There were also some indications that the children with prior day care experience (who had all been previously enrolled in the same center) exhibited more positive social interactions and tended to socialize more with their own group. Finally, Lay and Meyer found that, compared with home-reared children, 3- to 4-year-olds who had been in all-day group care for most of their lives spent more time in the large-muscle activity area of the center and less time in the expressive and cognitive areas.

Evidence consistent with the results of the Syracuse research comes from a 1964 study by Moore cited by Schwarz et al. (1974). According to Schwarz et al. (p. 505), Moore found that children who had experienced substitute care before age 5 were significantly more self-assertive, less conforming, less impressed by punishment, less averse to dirt, and more prone to toilet lapses than a home-care group equated on a number of demographic variables.

Other partially supportive data come from an observational study by Raph et al. (1968) of 97 middle- and upper-class first graders in New York City. These investigators found that negative interactions toward teachers (but not toward peers) varied directly with the amount of prior exposure to group experience in nursery and kindergarten (ranging from 1 to 3 years).

In a similar vein, Lippman and Grote (1974), in a matched sample of 198 4-year-olds cared for in licensed day care centers, licensed family day care homes, and own families, assessed cooperative behavior in two games in which children from similar day care arrangements were paired as partners. In the first game, requiring spontaneous help to open a box with four spring latches, there were no significant differences by type of care. In the second game, involving a choice of a cooperative versus competitive strategy in playing marbles, the home-reared children were more likely to use the winning strategy of taking turns.

Finally, results consistent with the foregoing were reported in the observational study by Prescott (1973) cited earlier. Instances of aggression, rejection, frustration, and experiencing pain were observed significantly more often among children in all-day group settings than among those in full-time family day care or half-time nursery/home combinations. Schwarz et al. (1974), in the light of their own findings and those from most of the other studies cited above, are led to conclude that "early day-care experience may not adversely affect adjustment with peers but may slow acquisition of some adult cultural values" (p. 502).

That the phenomena may indeed be culture-bound is indicated by comparative studies of peer-group socialization in the United States, the Soviet Union, Israel, and other contemporary societies (see Bronfenbrenner 1967, 1970a, 1970b, Garbarino and Bronfenbrenner 1976, Kav-Venaki et al. 1976, Shouval et al. 1975): the studies show that, depending on the goals and methods involved, group upbringing can lead to a variety of consequences, ranging from delinquency and violence at one extreme to unquestioning conformity at the other (e.g., Sherif 1958). The existing research suggests that peer groups in the United States, while far from either pole, are closer to the former than the latter end of the continuum. It is of interest that in contrast with American specialists, professionals and parents in the Soviet Union and in Sweden, two countries in which full-day group care facilities are widespread, have expressed concern about possibly deleterious effects of extended care. In light of these findings, a re-examination of current American practices in group day care is clearly indicated.

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